

BUCKINGHAMSHIRE



THE HEALTH OF THE COMMUNITY

1967



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28962047>



CHILD HEALTH CLINIC. THE INTERPRETER AT WORK



BUSY CHILDREN AT DAY NURSERY, SLOUGH

BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORTS
of the
County Medical Officer of Health
County Welfare Officer
and
Principal School Medical Officer
for the Year
1967

TABLE OF CONTENTS

	<i>Page</i>
Introduction	3
Staff	4
Vital Statistics	9
Health Centres.. .. .	12
Care of Mothers and Young Children	13
Midwifery and Home Nursing	24
Health Visiting	31
Ambulance Service	36
Home Help Service	41
Prevention of Illness etc.	44
Infectious Disease	47
Health Education	52
Mental Health Service	56
Social Work	68
Inspection and Supervision of Food	71
Housing	73
General	74
Sanitary Circumstances of the Area	77
Welfare Services	79
TABLES—Health and Welfare	90
School Health Service	95
School Dental Service	110
TABLES—School Medical Service	122

BUCKINGHAMSHIRE COUNTY COUNCIL

September, 1968.

To the Chairman and Members of Buckinghamshire County Council.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present my first annual report, having assumed office as your County Medical Officer of Health on 1st May, 1967.

I thus took over from my predecessor, Dr. G. W. H. Townsend, in the course of the year under review, and this report covers our joint tenure of office. Under the circumstances, I do not propose on this occasion to make extensive comments on the contents of the report in my introductory letter. I believe, however, that the report records continuing progress in the development of the County's Health, Welfare and School Health Services.

When Dr. Townsend retired, after 28 years of service as County Medical Officer of Health, well-earned tributes were paid to him in the Council Chamber. I would, however, like to add my personal tribute to all that was said, not least because I had the good fortune to spend my first years in the public health service as an assistant medical officer under his tutelage. Dr. Townsend was renowned, both in this country and elsewhere, as one of the great exponents of public health, and his abilities were widely recognised by his professional colleagues, by Governmental and other organisations and by the award to him of many honours, including the C.B.E. During his period as County Medical Officer of Health, Buckinghamshire time and again showed the way in the development of services and the inspiration for these advances came from Dr. Townsend. On his retirement he took with him the good wishes of all members of the staff of the Department of Health and Welfare, and it is typical of the man to be able to report that, in retirement, he is still actively engaged in a wide range of activities in the field of health and welfare.

As Dr. Townsend was, so I am grateful to the members of the County Health and Education Committees for the kindness which they have shown to me during my few months in office. I am likewise indebted to the staff of the Department of Health and Welfare for all the help which they have supplied during the same period.

This report is in a different format from that of previous years, and I hope that this will commend itself to readers. The task of preparing such a document is a substantial one, and I would like to pay particular tribute to Mr. A. D. H. Ridpath for the enormous effort which he has put into collecting and editing the manuscripts which are, of course, the work of many authors.

I have the honour to be,

Your obedient Servant,

J. J. A. REID,

*County Medical Officer of Health, County Welfare
Officer and Principal School Medical Officer.*

STAFF

County Medical Officer of Health, Principal School Medical Officer and County Welfare Officer:

G. W. H. TOWNSEND, C.B.E., B.A., M.B., B.Ch., D.P.H.

J. J. A. REID, T.D., M.D., B.Sc., M.R.C.P., M.R.C.P.E., D.P.H. (*from 1st May*)

Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy County Welfare Officer:

J. DRUMMOND, M.B., Ch.B., D.P.H. (*to 22nd November*).

Principal Medical Officers:

R. BARNES, M.A., M.R.C.S., L.R.C.P., D.P.H.

PATRICIA HERDMAN, M.B., B.S., D.P.H.

Area Medical Officers and Divisional School Medical Officers:

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H. (*also Medical Officer of Health, Borough of Slough*).

P. LAVIS, M.B., Ch.B., D.P.H. (*also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow*).

A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H. (*also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe*).

A. W. PRINGLE, B.A., M.B., B.Ch., B.A.O., D.P.H. (*also Medical Officer of Health, Borough of Aylesbury, Rural Districts of Aylesbury and Wing*).

Divisional School Medical Officer:

G. M. HOBBIN, B.Com., M.B., Ch.B., D.P.H. (*also Medical Officer of Health, Urban District of Eton and Rural District of Eton*).

Deputy Divisional School Medical Officer:

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H. (*also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham*).

Departmental Medical Officers:

ELINOR W. ADAM, M.B., Ch.B. (*part-time*).

W. E. ANWYL, M.R.C.S., L.R.C.P., D.P.H. (*also Deputy District Medical Officer of Health*).

ELIZABETH O. ASTON, L.M.S.S.A. (*part-time*).

JEAN E. BARKER, M.B., Ch.B.

ELIZABETH S. M. BARNES, M.B., B.S. (*part-time*).

LILIAN F. C. BEATTIE, M.B., B.S. (*part-time*).

DORA M. BUTLER, M.B., B.S., D.P.H. (*part-time*).

DAVINA C. EMBLETON, M.B., B.S., D.C.H., D.Obst. (*part-time*).

H. W. FLADEE, B.Sc., M.B., Ch.B., D.Obst. (*part-time*).

BARBARA V. GIBSON, M.B., B.S., M.R.C.S., L.R.C.P.

JENNY P. GILLMOR, M.B., Ch.B., D.P.H. (*part-time*).

MARGARET R. D. HART, M.B., Ch.B. (*part-time*).

J. P. HUTCHBY, M.B., B.Ch., B.A.O., D.P.H. (*also Deputy District Medical Officer of Health*).

T. J. M. LYNCH, M.B., B.Ch., B.A.O., D.Obst.
 MARY I. MCARTHUR, M.B., Ch.B., D.P.H.
 URSULA M. MURPHY, M.B., Ch.B. (*part-time*).
 AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H. (*also Deputy District Medical Officer of Health*).
 ELIZABETH M. A. PLACE, M.B., Ch.B. (*part-time*).
 ELIZABETH J. PORTER, M.B., B.S., D.C.H. (*part-time*).
 HELENOR F. PRATT, M.B., Ch.B., D.C.H. (*part-time*).
 MARJORIE REID, M.B., Ch.B. (*part-time*).
 DIANA M. RILEY, M.B., B.S. (*part-time*).
 WINIFRED J. RISK, M.B., Ch.B. (*also Deputy District Medical Officer of Health*).
 MARY W. SCOTT-CLARKE, M.B., Ch.B., D.P.H. (*part-time*).
 G. F. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., Senior Assistant (*also Deputy District Medical Officer of Health*).
 JESSIE A. R. STANSFIELD, M.B., Ch.B., D.P.H. (*part-time*).
 EVELYNE E. SUMMERS, M.A., M.B., Ch.B. (*part-time*).
 JOSEPHINE H. TEW, B.M., B.Ch., D.C.H. (*part-time*).
 MARY R. VENNING, B.M., B.Ch., C.P.H. (*part-time*).
 R. L. WALMSLEY, M.A., L.M.S.S.A.

Consultant Psychiatrists:

C. E. BAGG, M.A., M.R.C.S., L.R.C.P., D.P.M.*
 EDITH M. BOOTH, M.B., Ch.B., D.P.M.*
 ELIZABETH F. BROWNE, B.M., B.Ch., D.P.M.*
 MARY K. M. LINDSAY, M.B., B.Ch., B.A.O., D.C.H., D.P.M.*
 JANET M. M. LINDSAY, M.D., B.Ch., B.A.O., D.P.M.*
 MILDRED I. POTT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.M.*
 I. SHRIBMAN, M.A., M.B., B.Ch., B.A.O., D.P.M.*

County Consultant—Diseases of the Chest:

A. STEPHEN HALL, M.A., M.B., F.R.C.P.*

Consultant Physicians—Diseases of the Chest:

W. T. BERMINGHAM, B.A., M.D., B.Ch.*
 J. F. HARE, M.B., M.R.C.P.*
 A. O. ROBSON, M.B., B.S., M.R.C.P.*
 B. C. THOMPSON, M.A., M.D., B.Chir.*

Consultant Geriatricians:

H. CAPLAN, B.A., M.B., B.Chir., M.R.C.S., M.R.C.P.*
 LORNA C. DAVIES, M.B., B.S., D.C.H., M.R.C.P.*
 A. W. HOGG, M.B., Ch.B., M.R.C.P.*

Ophthalmic Surgeons:

T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.*
 R. C. JACK, M.B., B.Chir., F.R.C.S., D.O.M.S.*
 J. MOSS, M.B., Ch.B., D.O.*
 V. PURVIS, M.B., B.S., D.O., D.O.M.S.*
 NORA M. OUGHTON, M.B., Ch.B., D.O.*

*By arrangement with Regional Hospital Boards.

Chief Dental Officer:

C. H. GRIFFITHS, L.D.S.

Orthodontist:

AUDREY M. BLANDFORD, L.D.S., D.Orth.

Senior Dental Officer:

K. R. DIXON, L.D.S., R.C.S.

Dental Officers:

R. G. D. ALEXANDER, B.D.S. (*part-time*).
 F. M. ARMOUR, L.D.S. (*part-time*).
 B. A. BERRILL, L.D.S.
 SUSAN M. BROWN, B.D.S.
 R. J. E. DERWENT, L.D.S.
 EVA DEUTSCH, M.D. (*part-time*).
 LISE LEVY, L.D.S. (*part-time*).
 L. F. LOEWE, M.D.
 BELLE A. MAUDSLEY, B.D.S. (*part-time*).
 S. R. MEDD, B.D.S., (*part-time*).
 JOAN W. PAUL, L.D.S. (*part-time*).
 MAVIS A. RICHARDSON, B.D.S. (*part-time*).
 H. R. RIPPON, L.D.S. (*part-time*).
 C. ROONEY, L.D.S.
 P. W. SEWELL, L.D.S.
 A. D. VALENTINE, B.D.S. (*part-time*).
 PAMELA WILSON, L.D.S. (*part-time*).

Dental Auxiliary:

MISS J. MORRIS.

Dental Hygienist:

MISS D. M. PRITCHARD (*part-time*).

Superintendent Nursing Officer:

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Nursing Officer:

MISS A. M. BORCHARD, S.R.N., S.C.M., H.V. Cert.

Assistant Superintendent Nursing Officers:

MISS V. G. CHADWELL, S.R.N., S.C.M., H.V. Cert.
 MRS. O. M. RILEY, S.R.N., S.C.M., H.V. Cert.

Superintendent Health Visitor:

MISS E. L. MARTIN, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent Health Visitor:

MISS H. THACKER, S.R.N., S.C.M., H.V. Cert.

Area Superintendent Health Visitors:

MRS. D. L. P. MARETT, S.R.N., S.C.M., H.V. Cert.

MRS. J. A. THOMPSON, S.R.N., S.C.M., H.V. Cert.

MISS M. F. WELLER, S.R.N., S.C.M., H.V. Cert.

County Health Inspector and Health Education Organiser:

J. W. KENDALL, D.H.E., M.A.P.H.I.

Area Health Education Organisers:

MRS. M. E. GIBSON.

MISS M. B. HAYWARD, S.R.N., S.C.M., H.V. Cert.

MISS B. R. KEENE, S.R.N., S.C.M., H.V. Cert.

MISS F. C. WILLES, S.R.N., S.C.M., H.V. Cert.

Chief Administrative Officer:

E. L. EYRE.

Deputy Chief Administrative Officer:

A. D. H. RIDPATH.

Chief Staff Assistant:

P. J. CLARKE.

County Ambulance and Transport Officer:

W. C. COLLETT.

Deputy County Ambulance and Transport Officer:

D. R. W. NELSON.

Administrative Assistant (Accounts):

T. H. CLARK.

Administrative Assistant (Supplies, Sites and Buildings):

F. W. HEDGE.

Chief Clerk's Area Offices:

R. BORRETT.

C. H. BRAY.

A. G. HALL.

D. E. THOMPSON.

Social Work Training Officer:

MISS E. R. GLOYNE, M.A., A.I.M.S.W.

Senior Welfare Officer:

I. B. JOLLEY† (to 31st October).

Homes Officer:

G. ROBINSON, D.M.A.

Senior Mental Welfare Officer:

H. G. SACKETT, D.P.A.†

Area Welfare Officers:

S. W. CROSS†

H. L. G. HEATH†

MISS K. M. LEE, A.I.M.S.W.

P. K. SMITH.

County Chiropodist:

J. D. IDRIS-EVANS, M.Ch.S. S.R.Ch.

*Physiotherapists:*E. HRABAK (*Spastics Unit*).R. A. SMITH (*Old Persons' Homes*).*Head Occupational Therapist:*

MISS F. B. SILK, M.A.O.T.

Deputy Head Occupational Therapist:

MISS D. M. SCOTT, M.A.O.T.

County Home Help Organiser:

MRS. A. TOMLINSON.

Area Home Help Organisers:

MRS. E. A. GORMAN.

MRS. F. J. MUNDY.

MRS. M. A. PAYNE.

MRS. H. R. L. SEPHTON.

Senior Speech Therapist:

VACANT.

†Granted Declaration of Recognition of Experience by the Council for Training in Social Work.

Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (2) on page 93.

Live Births:

		1966			1965		
		Males	Females	Totals	Males	Females	Totals
Legitimate	..	4,916	4,701	9,617	4,784	4,543	9,318
Illegitimate	..	338	308	646	333	347	680
Totals	..	5,254	5,863	10,263	5,117	4,881	9,998

							1967
							England Bucks. and Wales
Live birth rate per 1,000 population	..	..	..	..	..	18.1	17.2
Illegitimate live births per cent of total live births	..	..	..	..	..	6.8	—
Number of stillbirths	..	..	..	..	..	111	12,500
Stillbirths rate per 1,000 total live and stillbirths	..	..	..	..	..	11.0	14.8
Total live and stillbirths	..	..	..	..	..	10,109	844,500
Number of infant deaths (deaths under one year)	..	..	..	..	..	157	15,267
Infant Mortality Rates:							
Total Infant deaths per 1,000 total live births	..	..	..	..	..	15.7	18.3
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	..	15.2	—
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	22.1	—
Number of deaths of infants under four weeks	..	..	..	..	..	114	10,436

LOCAL HEALTH SERVICES

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

In April, 1967 the Ministry of Health drew the attention of all local health authorities to ways in which the procedures for the planning, preparation and submission of schemes for the erection of health centres could be standardised. In doing this the Ministry indicated that there has been a considerable upsurge of interest in the provision of health centres in recent years.

Briefly, the duty of the County Council as specified in Section 21 of the National Health Service Act, 1946, is to provide, equip, maintain and staff to the satisfaction of the Minister of Health, health centres which are premises with facilities for all or any of the following services:—

- (a) General medical
- (b) General dental
- (c) Pharmaceutical
- (d) Local health authority
- (e) Hospital out-patient
- (f) Health education

The County Council may also use a health centre for other purposes, such as the provision of school health services.

The best interests of the community demand closer integration of the local authority and family doctor services; this integration can be improved by the local authority and the family doctors providing effective medical care in the community in health centres where the doctor enjoys the use of modern premises and daily contact with the local authority staff. This is of particular importance in the care of mothers and young children and the provision of separate maternity and child welfare clinics can, therefore, only be justified if there are special circumstances making this desirable.

Discussions took place during the year with the Bucks Executive Council, the Local Medical Committee and the Oxford Regional Hospital Board regarding the need to provide health centres and proposals were put forward for the erection of centres at Winslow, Aylesbury (Bedgrove Estate), Haddenham, Stokenchurch, Chesham, Wendover, Burnham and Bletchley, during the financial years 1968/69 and 1969/70.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

1. Child health clinics

This year was eventful in that the long awaited report of the Sub-Committee of the Minister of Health's Standing Medical Advisory Committee was issued. The Sub-Committee, under the chairmanship of Sir Wilfred Sheldon, had been asked to consider the medical functions and medical staffing of child welfare centres, and its recommendations are in keeping with present-day thought on the future of child health services.

The recommendations of the report, which has been generally accepted by the County Health Committee, may be summarised as follows:—

Child welfare clinics should be known in future as child health clinics and should form part of a general child health service which, in turn, should be part of the general family health service provided by the family doctor.

Functions of the child health service should be:—

- (a) Routine medical examination of all infants at their first visits to the clinic, at six months of age, at the time of each birthday up to the fourth, and on any other occasion determined by the doctor. In addition, dental examinations should be carried out at the third and fourth birthdays.
- (b) The early detection of physical, mental and emotional defects in children. Children in whom such defects are found may need to be referred, in consultation with the family doctor, to an assessment clinic, usually situated in a hospital.
- (c) Advice on infant nutrition and hygiene. This is particularly important for those immigrant families accustomed to a different mode of living.
- (d) Counselling for parents to help them deal with family tensions in present-day society, particularly on new housing estates with their potential loneliness for mothers.
- (e) Health education, including dental aspects. If group health education is to take place at a clinic a creche may be necessary for the children.
- (f) Immunisation and vaccination remain important. A record card should be given to the parent showing the child's state of protection.
- (g) Vitamin A, C and D preparations should continue to be distributed at child health clinics but it should no longer be the function of such clinics to purvey national dried milk, proprietary foods and cereals. Where a local health authority wishes to continue the sale of these substances, alternative arrangements should be made.
- (h) The child health service should be organised by the Medical Officer of Health, who should keep registers concerning the names of children under four headings namely: healthy children under five years of age; children at risk; children with congenital malformations notified at birth; and children with handicapping conditions.

The importance is stressed of suitable training for doctors working in the child health service and refresher courses should be available.

Ultimately, the work of the child health service will be undertaken by family doctors but, in view of the manpower position and also because it will take some time for interested general practitioners to undergo the appropriate training, suitably qualified local authority medical officers will be needed for a substantial time to come. A limited number of these with special experience will always be required for work with handicapped children.

Finally, the report refers to the invaluable assistance given by voluntary helpers at child health clinics.

In Buckinghamshire, the child health clinics continue to be popular and during the year 25,314 children attended 123 centres. The mobile child health clinic continued to visit the rural parts of the county thereby bringing the service to people who would otherwise be without it.

At a few clinics mothers are now able to make definite appointments to see the medical officer. At the larger sessions where this procedure is adopted both parents and staff feel that a more satisfactory service is being given. A full examination by the doctor and the explanation of his findings brings confidence to the mother.

Two meetings of voluntary helpers at child health clinics were held during the year and these were both well attended. The assistance given by such helpers at the clinics is always greatly appreciated.

The graph shows the number of children who have attended child health clinics during the last sixteen years.

2. Ante-natal and post-natal care

Throughout the county the medical responsibility for the care of the expectant and nursing mother lies with family doctors and with obstetricians, and they are supported by the midwives who, for home confinements, are employed by the County Council and, for hospital confinements, are employed by Hospital Management Committees.

A notable step forward took place when the general practitioner maternity unit was opened in Bletchley in July, when it was agreed that the domiciliary midwives could look after the mothers from the Bletchley area during their confinement in the maternity home and continue to nurse them on their return to their own homes. It is hoped that this procedure will be extended gradually to other hospital and general practitioner units.

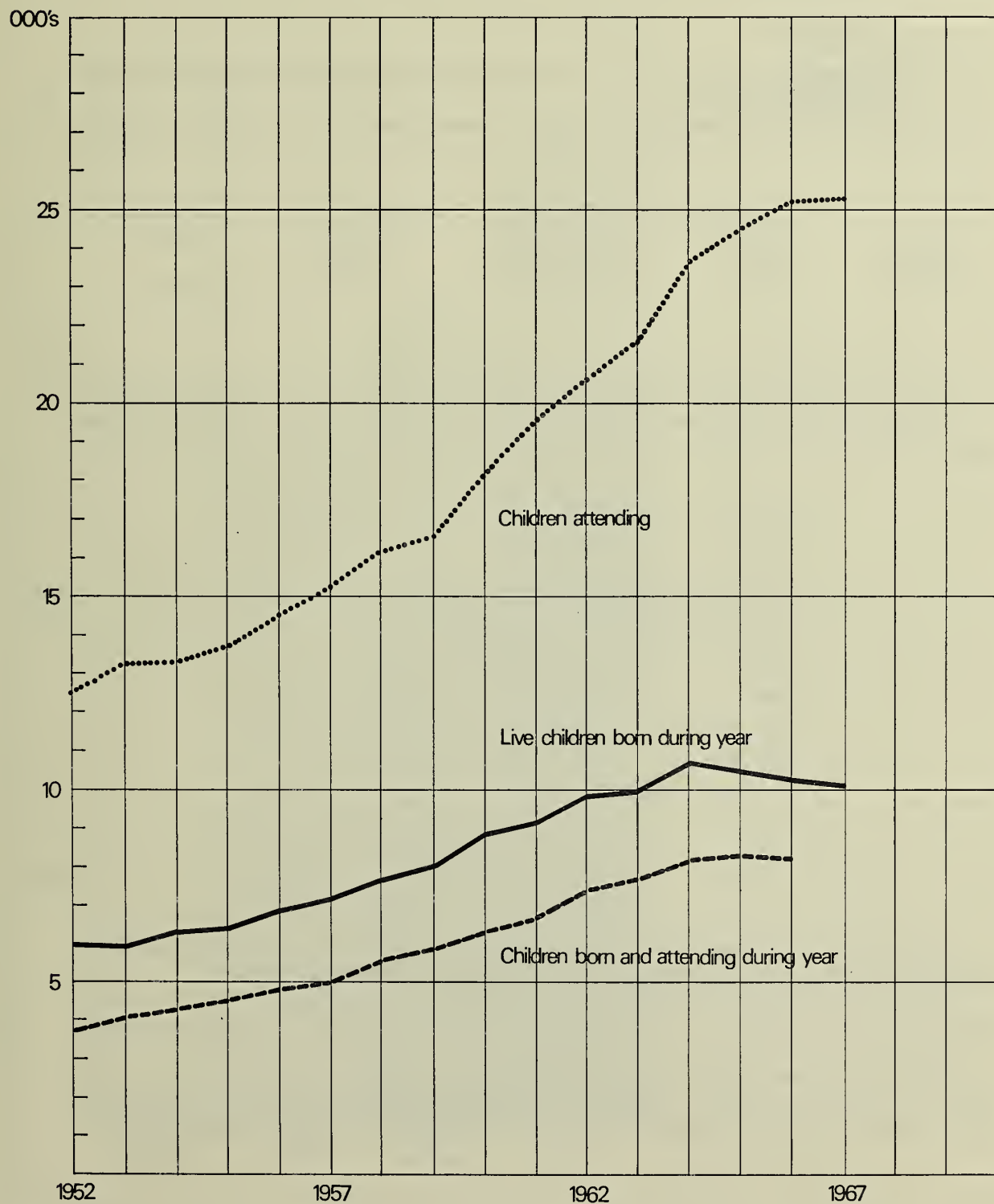
Elsewhere in the county the arrangements previously in operation have continued. Close liaison exists between the family doctors and the domiciliary midwives. Some mothers are examined by the midwives in their own homes, but in the towns, patients are invited to attend ante-natal sessions. By arrangement with certain family doctors midwives attend ante-natal clinics in the general practitioners' surgeries and, where this happens, midwives participate in the examination of patients and are not present merely to test urines and record the blood pressures.

For expectant mothers pregnant for the first time, preparation for labour and training in mothercraft are considered to be important aspects of ante-natal care. A total of 1,637 classes for this purpose were held during 1967 compared with 1,444 classes during 1966. Midwives from both the hospital and domiciliary midwifery service, health visitors and medical officers take part in the teaching at these ante-natal classes. Fathers are usually invited to one class during the series of six given to the expectant mothers.

3. Maternity accommodation

By arrangement with the hospital management committees, when applications for admission to hospital for confinement because of social or domestic reasons are received, a report is prepared by the staff of the Department of Health and Welfare. These reports, which indicate whether the home is suitable for home confinement, have hitherto been prepared by health visitors but, during the year, a start was made in transferring this responsibility to the domiciliary midwives. This is desirable, particularly as many mothers are now admitted for forty-eight hours and the midwife will look after them on their return home with their babies.

Attendances at Child Health Clinics



A maternity bookings officer employed by the hospital arranges, in association with the hospitals concerned, admissions to the Royal Bucks and Amersham General Hospitals and maternity homes at High Wycombe, Bletchley and Chalfont St. Giles. A maternity almoner, also employed by the hospital arranges the admissions in the South Bucks area. At the Westbury Maternity Home in Newport Pagnell admissions are arranged by the Matron.

4. Premature births

A premature birth is defined as one where the infant at birth weighs five and a half pounds or less, irrespective of the period of gestation.

During the year 606 premature births occurred, which represents 6% of the total number of births in the county. This is 44 fewer than in 1966.

Premature births (1966 figures in parentheses)				
<i>Born in hospital</i>	<i>Died within 28 days</i>	<i>Born at home or in nursing home</i>	<i>Died within 28 days</i>	<i>Stillbirths</i>
490 (549)	69 (73)	53 (51)	3 (1)	63 (76)

5. Congenital malformations

All congenital malformations recognised at birth are notified and a central register is maintained.

A total of 143 defects were reported affecting 117 infants and the incidence of defects is as follows (figures for 1966 in parentheses):—

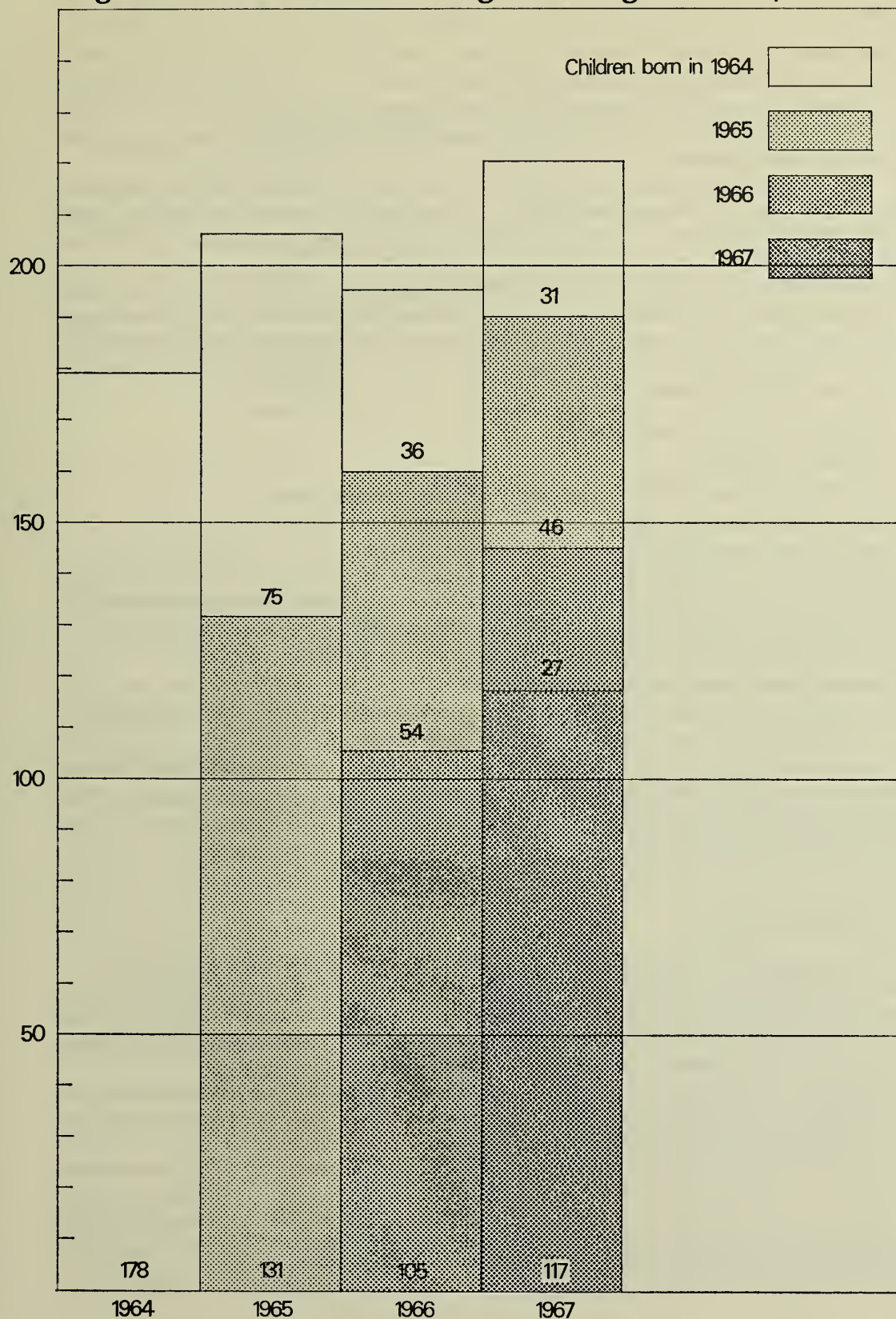
Central nervous system	..	..	..	50	(47)
Eye/ear	..	..	..	7	(0)
Alimentary system	..	..	..	17	(26)
Heart and great vessels	..	..	..	2	(3)
Respiratory system	..	..	..	0	(1)
Urogenital system	..	..	..	3	(11)
Limbs	..	..	..	41	(37)
Other skeletal	..	..	..	4	(1)
Other systems	..	..	..	9	(14)
Other malformations	..	..	..	10	(4)
				—	—
Total				143	(144)
				—	—

The supervision of the care of these children remains with the area medical officers and, in addition, short progress reports are received annually so that the register may be kept up to date.

Each year some children, unfortunately, die, a few move out of the area, and others are found not to require further supervision. The progress of the remainder is followed as it may be necessary to provide special services when they reach school age.

From the histogram it will be noted that the names of 31 children born in 1964, are still on the register. Another point of interest is that, of the thirty-seven children born with one or more defects of the central nervous system during 1967, twenty-seven were stillborn or died soon after birth.

Histogram showing the numbers of children with congenital malformation diagnosed at birth and remaining on the register for supervision or treatment



6. Nurseries

(a) DAY NURSERY

This year was important in that the new purpose-built nursery for 35 children at Chalvey Park, Slough, was opened in November, replacing the war-time nursery at Manor Park which is now closed. The move from one nursery to the other took place uneventfully and the children soon learnt to find their way about the new premises.

There were 29 children on the register at the end of the year and the average daily attendance throughout the year was 22, two more than in 1966. As the nursery is now situated near the centre of Slough and the premises are new, it is hoped that there will be an increase in the number of children who attend in the future.

Some parents prefer their children to be looked after by daily minders, giving as one of the reasons that it is less expensive. It is not widely known that at Chalvey Park the parents make a contribution at the rate of only £2 8s. 0d. per week, or less according to their means with a minimum payment of ten shillings towards the upkeep of a child at the nursery. Priority for admission is given to children where one or more of the following conditions apply:—

- the mother is the sole wage-earner;
- the father is a widower;
- the mother is ill and there is no-one available to look after the child;
- there are bad housing conditions;
- there is acute financial need.

Arrangements continued during the year whereby financial responsibility may be accepted for Buckinghamshire children in these approved priority groups to attend nurseries outside the County. At 31st December six such children were attending Uxbridge Day Nursery.

(b) RESIDENTIAL NURSERY AND CHILDREN'S HOMES

The 20 children's homes maintained by the Children's Committee providing accommodation for 261 children including 24 children at one residential nursery and 16 at a reception home are visited regularly by the Department's medical officers who undertake the routine medical supervision of children in the care of the County Council whether boarded out or in the children's homes. When these children are ill they are looked after in the usual way by their general practitioners, and referred to hospital consultants when necessary.

7. Care of illegitimate children

There were 686 illegitimate births to Buckinghamshire residents, 40 more than during 1966.

A total of 158 expectant mothers were admitted to mother and baby homes and arrangements in respect of 21 of these were made by the Northampton Diocesan Catholic Child Protection and Welfare Society. The other 137 cases were admitted under arrangements made by the Oxford Diocesan Council for Social Work, which acts on an agency basis for the County Council.

Financial assistance, consisting of the cost of maintenance at a mother and baby home, less the expectant mother's contribution from insurance and various other sources, for a period of about six weeks before and eight weeks after the confinement was given in approved cases.

An annual grant is paid to the Oxford Diocesan Council in consideration of the casework undertaken by their social workers. The health visitor with special training and experience in this type of work employed by the County Council in the North Bucks area was relieved of her health visiting duties during February as her caseload had increased and she is now employed full-time doing social work with unmarried mothers and their families.

Mrs. Patricia Balme, the Organising Secretary of the Diocesan Council, has kindly provided the following statistics in respect of the work undertaken during 1967 by the Diocesan Council's social workers in this County:—

New maternity cases	..	..	..	..	..	..	530
Age at time of confinement:							
13 years	..	..	..	..	..	..	1
14 years	..	..	..	..	..	..	4
15 years	..	..	..	..	..	..	20
16 years	..	..	..	..	..	..	61
17-20 years	..	..	..	..	..	..	242
21-30 years	..	..	..	..	..	..	171
31-40 years	..	..	..	..	..	..	27
Over 40 years	..	..	..	..	..	..	4
							—
Total	..						530
							—

Close co-operation was maintained during the year between health visitors and the Oxford Diocesan Council's social workers in order to ensure adequate supervision of illegitimate children following discharge from hospital.

The Grange, High Wycombe, property owned by the County Council and leased to the Oxford Diocesan Council for Social Work for use as a mother and baby home, has continued to function during the year. Forty-four expectant mothers were admitted and financial responsibility for the maintenance of 37 of them was accepted by the County Council.

8. Family planning services

For many years, in addition to hospital and general practitioner services voluntary organisations have provided a family planning service in the county, at which some patients are treated without payment but, for the majority, a fee is charged. The clinics are held, often on premises owned by the County Council and rented free of charge, at 11 different places, the number of weekly sessions at each varying from one to nine. A small domiciliary service exists in the southern part of the county. One new clinic opened during the year.

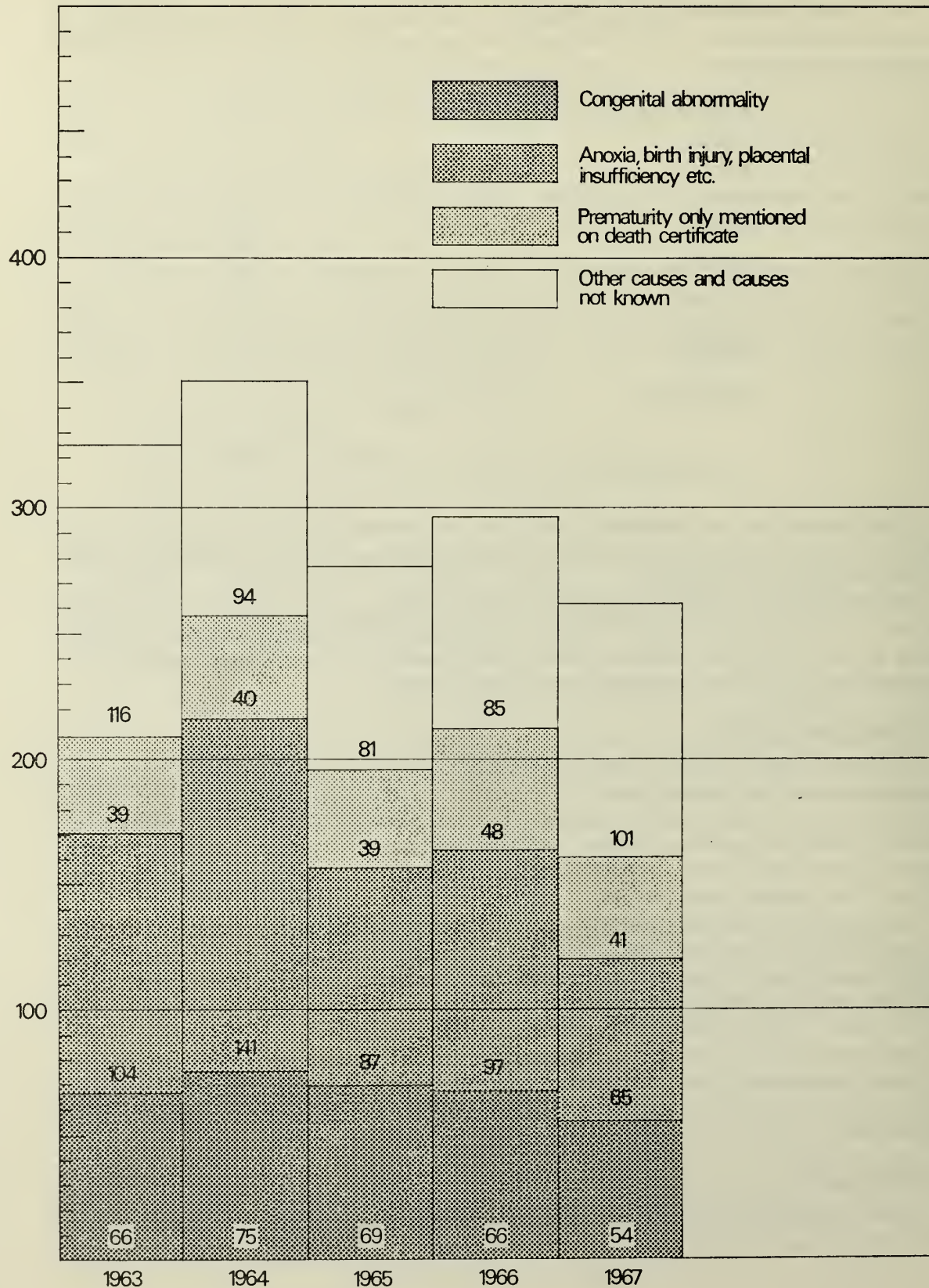
As a result of the National Health Service (Family Planning) Act, 1967, negotiations took place with the voluntary organisations who, at the time of writing, have agreed to act on an agency basis for the County Council to provide from 1st June, 1968, a free family planning service to women who need it for medical or social reasons, the former to be certified by a doctor and the latter by a doctor, midwife, health visitor or social worker employed by the County Council.

In-service training by discussion and using visual aids has been arranged for interested members of the professional staff. Doctors, midwives, health visitors and others, let women know where the local family planning clinics are situated and posters giving this information are displayed at child health clinics.

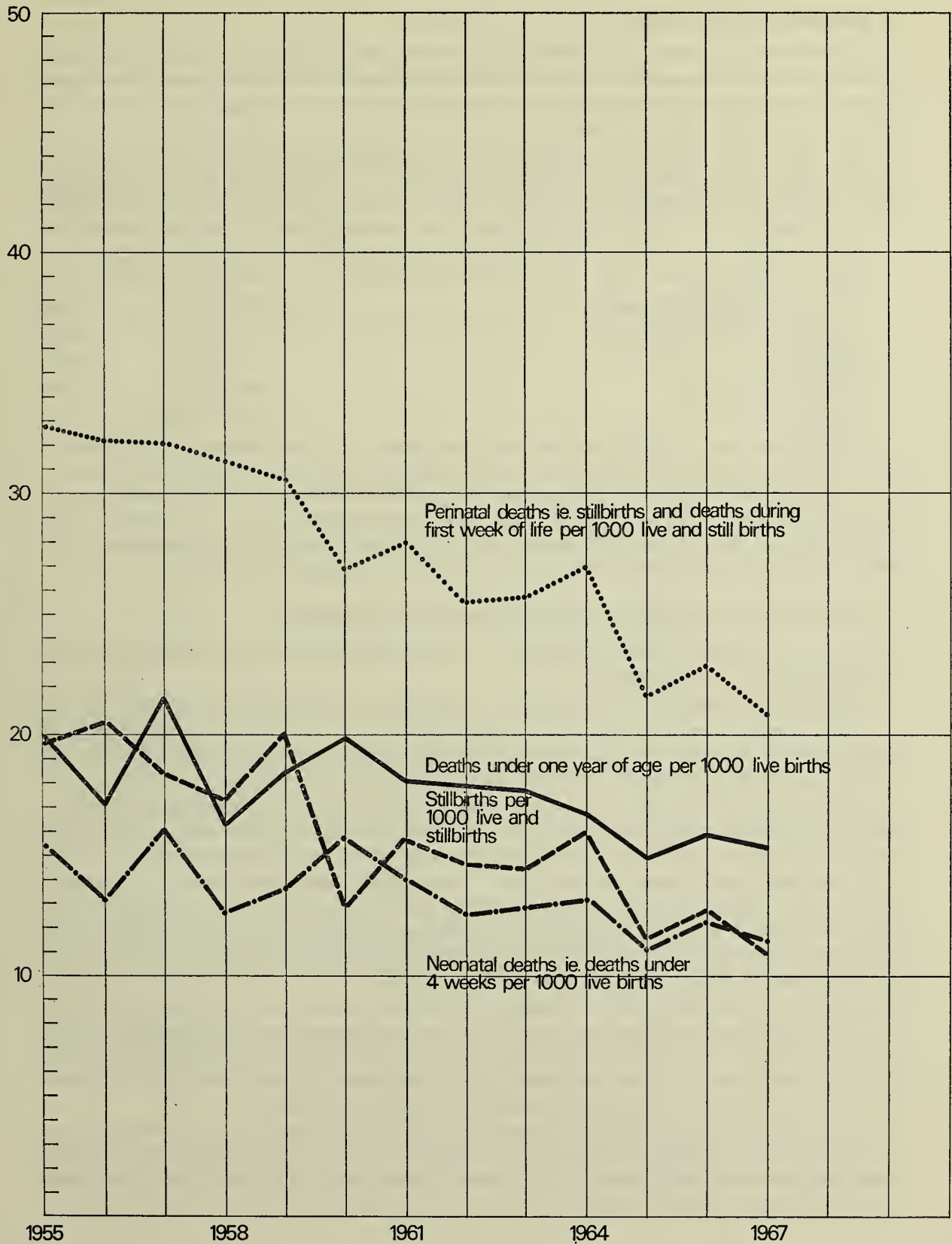
9. Infant Deaths

There were 10,030 births including 109 stillbirths to Buckinghamshire residents during 1967. The downward trend in the loss of infant life over the years is shown in the accompanying graphs.

Cause of loss of infant life by stillbirth or death before first birthday



Infant deaths



10. Distribution of Welfare Foods

At the end of December, 125 distribution centres were in operation, four having been closed during the year. Of these centres, 89 were held in conjunction with child health clinics. Foods were also available from the mobile clinic which, at the end of the year, was making monthly visits to 54 villages, mainly in the north of the county.

The sales of foods, other than orange juice, have been declining for several years and reduced sales of all items were recorded during the year under review. The reduction in demand for national dried milk has been quite remarkable, the issues being 18% less than in the previous year and almost 31% lower than in 1965. This is apparently due to an increasing number of mothers choosing to purchase proprietary dried milks and thus have their token available for obtaining liquid milk.

Details of sales are given below, the 1966 figures being given in parentheses for comparison:—

National dried milk—full cream	..	..	..	..	..	29,784 tins	(36,366)
National dried milk—half cream	..	..	..	..	..	562 tins	(692)
Cod liver oil	..	..	..	..	..	8,672 bottles	(9,426)
A & D vitamin tablets	..	..	..	..	..	9,213 packets	(9,426)
Orange juice	..	..	..	..	..	170,719 bottles	(172,275)

Although less foods are being sold, the task of accounting for almost 220,000 items and ensuring that the correct amounts are paid into the Council's accounts entails a very considerable volume of work in the distribution centres. It is fortunately still possible, in Buckinghamshire, to maintain such a service almost entirely by means of voluntary helpers and gratitude is due to the Womens' Royal Voluntary Service, The British Red Cross Society, The Women's Institutes and the many individual workers, without whom the cost of this service would be very considerably increased.

11. Dental treatment of expectant and nursing mothers and young children

The year saw a slight increase in the number of pre-school children who were inspected and who completed courses of dental treatment.

The demand for treatment for this group was again high in the Bletchley area where Mr. Berrill, the dental officer, has devoted considerable time and effort to the treatment of the very young. It is hoped that the demand will be increased at other child welfare centres having dental facilities and that the importance of dental care will become increasingly accepted by parents.

Most of the treatment was provided for young children who were referred from child welfare clinics throughout the county but an appreciable number of pre-school children was seen at mobile dental units where they attended with other members of the family attending school.

It is expected that the developing programme of dental health education will ensure that increasing numbers of mothers attending ante-natal and toddlers clinics will bring their young children forward for dental inspection at the age of three years. At that age any small cavities in the deciduous teeth can be filled, thus avoiding early loss of these teeth and the need, likely to arise later for orthodontic treatment caused by the overcrowding of the permanent teeth.

Generally, the impression has been gained over the past few years that the pre-school child has shown, at dental inspection, slightly less dental caries than was the case about twenty years ago. Whilst there appears now to be a greater number of children who on admission to school are caries-free, when a child is found to have caries, then the tendency is for gross disease involving a large number of teeth. The treatment of these unfortunate children presents a very difficult problem.

It is with these children in mind that increased efforts were made during the year to bring home to all mothers of young children the dangers of the indiscriminate eating of sweets and of between-meal snacks. Habits such as these formed early are difficult to change and tend to persist in later years when damage to permanent teeth is likely.

The best chance of achieving an improvement in the dental health of the pre-school and the school child is through a continual programme of dental health education at the ante-natal clinics, mother's clubs and other similar organisations in the hope that all parents will come to accept that prevention of dental caries is a worthwhile alternative to tooth decay and toothache.

The demand for treatment of expectant and nursing mothers at the County Council's clinics was less than that in 1966. It may be that in this county, where there is a relatively high number of private dentists, these mothers are able to have treatment from the private practitioner treating the family as a whole and thus do not need to call on the Council's priority dental service.

Statistics relating to the dental service are as follows:—

DENTAL TREATMENT FOR MOTHERS AND YOUNG CHILDREN 1967

									Children 0 to 4 (inclusive)	Expectant and nursing mothers
Part attendance and treatment										
First visits	..	..	..	..	..	..	..	..	636	92
Subsequent visits	..	..	..	..	..	..	..	..	607	150
Additional courses of treatment commenced						..	..	..	54	11
Fillings	..	..	..	..	..	..	..	..	1243	156
Teeth extracted	..	..	..	..	..	..	..	..	352	56
General anaesthetics			..	..	..	..	..	..	144	23
Emergencies	..	..	..	..	..	..	..	..	89	7
Prophylaxis	..	..	..	..	..	..	..	..	152	73
Teeth otherwise conserved			..	..	..	..	..	..	285	—
Crowns	..	..	..	..	..	..	..	..	—	1
Courses of treatment completed				..	..	..	..	..	519	78
Prosthetics										
Number of dentures supplied				..	..	..	..	..	—	7
Inspections										
First inspection	..	..	..	..	..	..	..	..	972	99
Requiring treatment	..	..	..	..	..	..	..	..	615	96
Offered treatment	..	..	..	..	..	..	..	..	612	95

Sessions

Equivalent full sessions—For treatment	250
For health education	15

MIDWIFERY AND HOME NURSING SERVICE

(Sections 23 and 25, National Health Service Act, 1946)

1. General

During 1967 the principle of attaching district nurses and midwives to general medical practices was agreed and it was then estimated that it would take at least three years to implement the scheme throughout the county. The essence of such attachment is that the staff concerned share in the care of patients on general practitioners' lists instead of working in their traditional geographical areas. Attachment brings advantages to patients and staff alike as it encourages team work, full exchange of information and selectivity of work.

The attachment of district nurses to general practice should help to overcome deficiencies in communication which have existed in the past and it is expected that, in the years ahead, the services of these nurses will be more fully used by family doctors many of whom regularly carry out procedures which could well be delegated to nursing staff. Such delegation would add interest to the work of district nurses.

On the midwifery side although the downward trend in home confinements continued during the year the future is likely to bring the establishment of more closely integrated hospital and domiciliary obstetric services. The pattern of the early discharge of midwifery cases from hospitals is likely to continue and it is desirable that as much midwifery as possible should be concentrated in the hands of a relatively small number of midwives who would have the opportunity of exercising their professional skills regularly.

The opportunity was taken to review the home nursing and midwifery service in the light of these policy decisions and of likely future trends.

The staffing position in the county compares reasonably well with the national averages; at the end of 1965 the ratio of home nurses employed per thousand population was 0.14, the national figure being 0.18. The corresponding figures for midwives were 0.14 and 0.12 respectively. Current plans envisage the home nursing service having 0.16 nurses per thousand population by the end of 1970 and maintaining this figure over the following five years. The national average estimate for the same periods is 0.20.

The plans for the employment of midwives envisage 0.12 midwives per thousand population for the period 1970 to 1975 whereas the national average estimate is 0.13.

It will, however, be necessary to keep the staffing position under constant review in order to cope with the rapid growth in the county's population, the development of attachment schemes to general practice, and the closer linkage of staff to hospitals.

The improved recruitment trend which occurred during the second half of 1966 continued during 1967 and there were no serious staffing shortages. There was, however, quite a big turnover of staff; forty new appointments were made whilst twenty-nine full-time and two part-time members of the staff resigned. The filling of vacant posts is always time-consuming and costly. In this particular connection it is of interest to note that, of the thirty-one resignations, four were due to retirement of nurses of whom one had served the County for twenty-six years, two for seventeen years and the other for fifteen years. The general staffing position was strengthened by the recruitment of two state enrolled nurses and at the end of the year three full-time and two part-time state enrolled nurses were in post.

The staffing position at 31st December was:—

Full-Time Posts

Supervisor of Midwives and Home Nurses	..	..	..	1
Deputy Supervisor of Midwives and Home Nurses	..	..		1
Assistant Supervisors of Midwives and Home Nurses	..	..		2
Superintendents	..	..	..	2
Assistant Superintendent	..	..	..	1
District Nurse/Midwife/Health Visitors	..	..	..	10
Domiciliary Midwives	..	..	..	16
District Nurse/Midwives	..	..	..	73
District Nurses (female)	..	..	..	39
District Nurses (male)	..	..	..	8
State Enrolled Nurses	..	..	..	3

Part-time Posts

Domiciliary Midwives	..	..	..	..	..	..	4
District Nurse/Midwives	..	..	..	..	..	..	9
District Nurses	..	..	..	..	..	..	18
State Enrolled Nurses	..	..	..	..	..	..	2

When two district nurse/midwife/health visitors resigned their appointments the opportunity was taken to re-organise the vacant nursing districts. In both the amount of domiciliary midwifery was not sufficient to keep a midwife in practice whilst one district had to be considered in relation to the services required for the proposed new city of Milton Keynes. In both areas the health visiting was taken over by full-time health visitors, the midwifery covered by full-time midwives based on nearby towns and the remaining district nursing covered by newly appointed nurses.

2. Statistics

The following summary gives some indication of the work carried out by the domiciliary midwifery and nursing staff; figures for 1966 are shown for comparison:—

<i>Midwifery</i>	1967		1966	
	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Ante-natal		24,436		28,127
Deliveries	2,112	31,830	2,597	43,043
Hospital discharges	3,061	22,377	2,732	24,893
Post-natal		318		415
Supervisory		5,433		7,254
<i>General Nursing</i>				
Total number of patients attended	9,805	249,883	9,656	241,855
Of the 9,805 patients attended the following figures relate to special age groups:—				
65 years of age and over	5,523	160,109	5,399	151,505
Under 5 years of age	366	2,681	401	2,480
Total number of visits to all patients, midwifery and general		334,277		345,587

3. Midwifery

The total number of mothers delivered in the county was, at 10,292, only eighteen higher than the corresponding figure for 1966.

Of these mothers 2,112 were delivered at home as compared with 2,507 during the previous year. A total of 8,180 mothers were delivered in hospital, this being 418 more than the 1966 total. An improvement in the hospital midwifery accommodation at Upton Hospital, Slough, and the opening of the new General Practitioners' Unit at Bletchley, made additional beds available.

More mothers confined in hospital were discharged home early during the year than during 1966 and this trend is shown in the following table:—

Hospital Discharges 1967

<i>Day of Discharge</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>	<i>10th</i>	<i>Total</i>
1965	190	689	554	250	187	181	205	200	65	52	2,573
1966	130	665	669	245	183	172	329	237	59	43	2,732
1967	109	652	901	306	181	156	394	217	78	67	3,061

It will be seen that the general improvement in the maternity bed situation appears to have led to fewer mothers being discharged to their own homes on the first day after delivery.

In April, 1967 it was decided that visits of midwives to mothers should end on the tenth day after confinement, this being the minimum lying-in period laid down by the Central Midwives Board. Previously mothers confined at home in the County were visited by domiciliary midwives for fourteen days. This change of policy led to a reduction in the number of visits paid to mothers delivered at home.

Later in the year it was decided that domiciliary midwives should take over the duties previously undertaken by health visitors of assessing the home conditions of expectant mothers who applied for hospital confinement on social grounds. Although there has been improvement in availability of hospital beds there is still a need to be selective in arranging admissions in order to ensure that all expectant mothers at risk can be offered hospital beds.

(a) ANALGESIA

Of the 2,112 mothers delivered at home a total of 1,113 were given relief in the form of pethidine or pethilorfan. Gas and oxygen was administered to 1,375 mothers whilst another 382 were given trilene; the latter figure being only half the total for 1966. This reduction was due to gas and oxygen now being considered the most beneficial form of analgesia generally, and particularly for the infant.

(b) OBSTETRIC FLYING SQUAD

This service was brought into operation on 41 occasions during the year, the calls being made to Royal Buckinghamshire Hospital, Aylesbury (13); Canadian Red Cross, Taplow (15); Upton Hospital, Slough (5); Luton Maternity (1); Barratt Maternity Home (1); Amersham General Hospital (5); and Windsor Hospital (1).

The emergencies making these calls necessary were due to:—

Ante-partum haemorrhage	..	..	..	..	4
Retained placenta	..	..	..	..	15
Shocked baby	..	..	..	..	1
Post-partum haemorrhage	..	..	..	..	11
Miscarriage	..	..	..	..	1
Abnormal presentation	..	..	..	..	4
Delayed third stage	..	..	..	..	1
Premature baby	..	..	..	..	2
Premature labour	..	..	..	..	2

(c) RESUSCITATION OF THE NEWBORN

Using the Sparklet apparatus domiciliary midwives administered oxygen to resuscitate newly-born infants on 64 occasions. The midwives were also instructed in the use of, and were authorised to carry, the drug Vandid for oral use in the resuscitation of infants.

(d) CONTINUING EDUCATION

In July, 1967 notification was received from the Central Midwives Board indicating that midwives were authorised to infiltrate the perineum and to perform episiotomy on their own responsibility.

At that time arrangements were already being made for domiciliary midwives to spend one week in local hospitals and with the co-operation of the hospital management committees, the obstetricians and the hospital matrons it was agreed that as far as possible revision and practice in the performance of episiotomies under local anaesthetic should be included in the experience provided. Both the hospital and domiciliary midwives enjoyed the contact this week in hospital provided and many wrote enthusiastically about the improvement in rapport brought about by the exercise.

The opportunity was taken during the year to arrange lectures for domiciliary midwives on the detection of congenital hip dislocation and the examination of the new-born. Another in-service lecture on spina bifida was well attended by domiciliary midwives and district nurses.

(e) THE CHANGING ROLE OF THE MIDWIFE

The clinical skill of the midwife is still vitally important to the expectant mother in the prevention of morbidity and mortality but the midwife's work has taken on a much broader aspect. Education of parents in preparation for childbirth, child care, family relationships and family planning are all part of the role of the midwife. During the post-natal period the actual nursing care required is much less than that needed in the past. More time is now available for therapeutic listening, for discussion and for individual teaching.

In planning the General Practitioner Maternity Unit at Bletchley, to which reference is made earlier in this report, it was envisaged from the outset that domiciliary midwives would be taking part in the delivery and nursing care of mothers booked there for confinement and early discharge. When the Unit opened at the end of July, 1967 the number of domiciliary midwives in post in Bletchley was up to the approved establishment and, in the circumstances, integration of this new service was achieved without undue difficulty. This was due in no small way to the considerate approach and enthusiasm of the matron and obstetrician. Credit must also be paid to the maternity bookings officer for the co-operation and help given in what must have been a formidable task.

(f) MATERNITY LIAISON COMMITTEES

These committees met on four occasions in Aylesbury and Slough during the year when items discussed included medical indications for hospital confinements; post mortem examinations of perinatal deaths; arrangements for the discussion of confidential enquiries into perinatal deaths; plans for the confinement of patients moving to a new area; proposals to send resumes of certain cases to general practitioners; and prevention of haemolytic disease of the new-born.

Confidential enquiries into perinatal deaths were made in 36 instances where the expectant mother was either booked for home confinement or delivered at home. In two cases the patient had received no ante-natal care, three were booked for hospital confinement and 31 for confinement at home. Of those booked for home confinement 16 were referred to hospital during the ante-natal period and ten during labour; two infants died at home and there were six stillbirths. Two infants were transferred to hospital and died later.

The greatest single contributory cause of death was congenital malformation (12 cases), others being due to prematurity (2), anoxia and birth injury (5), infection (1), misplacement of cord (6), placental insufficiency (4), other causes (3), and causes not ascertained (3). No deaths were due to rhesus incompatibility, hypothermia or postmaturity.

(g) NOTIFICATION OF INTENTION TO PRACTISE BY MIDWIVES

In accordance with the requirements of the Midwives Act, 1951 and the rules of the Central Midwives Board notifications were received from midwives as follows:—

Institutional	..	..	..	..	..	..	159
of these—employed in hospitals	..	..	..	..	..	..	151
employed in nursing homes	..	..	..	..	..	..	8
Domiciliary							
employed by local supervising authority							109 full-time
							13 part-time
engaged in private practice	..	..	..	..	..	..	51 (of whom 40 were employed in Regional Hospital Board Maternity Units).

(h) PUPIL MIDWIVES

Domiciliary midwifery experience was provided for 47 pupils from Amersham General, High Wycombe, Colinswood Maternity and Upton Hospitals. The Colinswood Maternity Hospital closed during the year on the completion of alterations to the maternity unit at Upton Hospital.

4. District Nursing

There was an increase in the number of patients nursed at home, this following the trend of recent years. The actual increase over the total for 1966 was 149, 124 of these patients being over 65 years of age. There was an increase of 8,028 in the number of visits paid to all patients; some 8,604 additional visits were made to persons over 65 years of age, 201 more visits were made to children under five; but 777 fewer visits were made to patients outside those two age groups.

(a) GERIATRIC CARE

A new purpose-built geriatric rehabilitation unit was opened at Amersham General Hospital during the year and, as mentioned elsewhere in the report, members of the home nursing supervisory staff attended the weekly case conferences held there and at the geriatric unit at Stoke Mandeville Hospital. On occasion, district nurses likely to be particularly involved in the care of patients to be discharged from the units attended the conferences and were also asked to report on the social circumstances which led to the admission of the patients to hospitals.

(b) CARE OF PARAPLEGICS

Paraplegic patients discharged from the Spinal Unit at Stoke Mandeville Hospital often make their homes in the county or return to their previous homes here. They are not always in need of the services of a district nurse but many with high lesions call for the skilled care which the district nurse is trained to provide.

The discharge of these patients to their own homes is likely to make heavy demands on the family as well as on the medical and nursing services and, in the circumstances, the importance of prior consultation between the family doctor, the district nurse, relatives, hospital staff and social workers, cannot be stressed too strongly. Where this prior consultation has taken place and where all the equipment necessary for home nursing has been provided, transfer from hospital to home has benefited all concerned.

(c) ATTACHMENT TO GENERAL PRACTICE

Reference is made earlier to the decision to attach district nurses and midwives to general practices; in implementation of the decision consideration was given immediately to the attachment of staff to practices in Bletchley where there were eight district nurses (including one male nurse) and six full-time and one part-time midwives in post. The general practitioners were already interested. Despite the favourable staffing position in Bletchley it appears that additional staff-enrolled nurses, auxiliary nurses and another male nurse—will be required to make the scheme a success. Bletchley will form part of the proposed new town, already housing a growing population and, in the circumstances, the situation there is being kept under constant review.

(d) DISPOSABLE EQUIPMENT

In 1961 the use of disposable equipment was initiated with the provision of disposable syringes; since then, additional disposable items have been introduced including paper caps and masks for midwives, polythene gloves, dissecting forceps and catheters. During the year under review use was made for a trial period of paper gowns by midwives but it was quickly evident that there was a fire risk when the gown worn by a midwife caught fire as she passed an electric fire to place the baby in his cot. The matter was taken up with the Fire Research Station, Hemel Hempstead and the firms supplying the gowns, to ascertain whether or not the gowns can be made flame-proof. The suspect gowns were withdrawn immediately and disposable gowns will not be provided for use by any staff until more research has been carried out.

Pre-sterilised packs were available to the domiciliary midwives in High Wycombe from the Central Sterile Supplies Department of the district hospital, through the co-operation of the hospital management committee. Unfortunately, it was not possible to extend this facility to other areas since the provision of this particular service for domiciliary nursing staff was beyond the capacity of similar departments in other hospitals.

(e) MARIE CURIE DAY AND NIGHT NURSING SERVICE

This service was used more extensively during 1967 than in the previous two years. In all, 60 cases were helped during the year and the total expenditure incurred was £2,180 16s. 0d. At the end of the year there were 34 nurses on the register.

The County Council made a grant of £600 to the Foundation towards the cost of providing this service.

5. Post Graduate Education

(a) DISTRICT NURSE TRAINING

Thirteen nurses, including one male nurse, qualified during the year for the National Certificate of District Nursing at approved training centres. Two nurse/midwives who gained this qualification were sponsored for health visitor training and commenced their courses in September.

Application was made to the Ministry of Health for the county to be approved as a practical work training authority to be associated with the Oxford City training course for the theoretical part of the instructions. The Oxford Training Centre has been used for the sponsoring of nurses from the County for many years and under the new arrangement, nurses will attend lectures and make observation visits in Oxford on one and a half days each week for twelve weeks.

District nursing officers will assist with the examination of students who will be drawn from Oxfordshire, Oxford City, Berkshire and Buckinghamshire.

(b) FURTHER EDUCATION

When the midwifery and home nursing services were reviewed consideration was given to the need for continuing professional education; it was considered that the increasingly close association between hospitals and domiciliary midwives would be further enhanced if domiciliary staff could have the opportunity of undertaking regular refresher periods in their local obstetric units. This would ensure that they remained up to date in professional developments and would also foster links with their hospital colleagues which would be beneficial in arranging agreed policies for admission and discharge. The consultant obstetricians and hospital management committees throughout the county had indicated that they would welcome such an association and the recommendation that domiciliary midwifery staff should be seconded from time to time to local obstetric units for periods of about five days was approved.

Similarly it was considered that there would be advantages in extending existing arrangements so that district nurses could obtain regular experience in their local district general hospitals.

Arrangements were made to implement these policy decisions; it was also agreed that domiciliary midwives and district nurses should undertake further regular refresher courses two years after training and thereafter each third year.

During the year twenty-three domiciliary midwives took refresher courses in order to comply with the requirements of the Central Midwives Board; the training was undertaken at courses organised by the Royal College of Midwives in Cardiff, Southampton and Oxford and by local health authorities at Hull, Bradford and Stoke-on-Trent.

One member of the nursing staff attended an experimental course organised by the Oxford Regional Hospital Board; those participating in the course were drawn equally from hospital and local authority staffs. Of the fifty participating five who were hospital midwives spent two days in the County and the programme provided for them included talks and discussion with a medical officer, health visitor and social worker. The programme also included a talk about the work of the supervisor of midwives, and visits to a child welfare centre, to a relaxation and parentcraft class and to a mother and baby home.

Other refresher courses attended by midwifery or home nursing staff during the year included:—

A parentcraft course arranged by the Royal College of Midwives (five midwives attending);

Courses on district nursing arranged by the Queen's Institute of District Nursing—five district nurses attended the course in Southampton and two state enrolled nurses that held in Liverpool;

A management course held in London—attended by two assistant supervisors of midwives and home nurses;

Course on the principles of planning in-service training held in Birmingham and attended by the Deputy Superintendent Nursing Officer;

Statutory refresher course for Supervisors of Midwives—also held in Birmingham—attended by the Superintendent Nursing Officer.

HEALTH VISITING

(Section 24, National Health Service Act, 1946)

1. General

For some years the health visiting service in the county has been seriously under-recruited and although there was an improvement in recruitment during 1967 this was offset by a relatively high number of resignations. The opportunity was taken to review the service and in particular the staffing in the hope that it may be brought more in line with the national level.

At the end of 1965 the County had, in post, 0.06 health visitors per 1,000 population compared with the most recently available national average figure of 0.12; in other words the County staffing level was one half of the national level. It was planned to increase that local standard to 0.10 per thousand population by the end of 1970 when the national average is planned to reach 0.16 and to 0.12 per thousand by the end of 1975 by which time the national figure will be 0.17 per thousand population.

This under-manning is liable to have adverse effects throughout the wide range of medico-social services in which health visitors are involved; in particular it is likely to affect co-operation with family doctors and with hospitals; the standard of service rendered to the elderly; and the growth of group health education. The county is, however, fortunate in having a good basic core of health visitors and it is confidently expected that it will be possible to build on this in order to bring the service up to the required strength.

The recommendations which were put forward with a view to the recruitment position being rectified and which have been adopted included:—

- (i) The creation of new posts of Deputy County Superintendent Health Visitor, and two Deputy Area Superintendent Health Visitors;
- (ii) The training of appropriate numbers of group advisers and field work instructors from within the establishment in order to assist both in recruitment and in retaining staff;
- (iii) The ultimate aim of recruiting sufficient numbers of health visitors to allow a staffing ratio of one health visitor per 4,000 population.
- (iv) The sponsoring of twenty health visitor students each year and improvement in the sponsoring arrangements;
- (v) The appointment of male health visiting officers and the secondment of a male nurse for health visitor training during the academic year 1968/69;
- (vi) Payment of increased uniform allowances from 1st April, 1968 with a further review every two years;
- (vii) The possibility of assisting health visitors to find suitable housing accommodation as it is on this more than anything else that the success or failure of recruitment will depend.

During the year, sixteen full-time and two part-time health visitors resigned their appointments and, of these resignations, five were retirements, five were transfers to other local health authorities and six were due to domestic reasons. Of the five health visitors transferring to posts with other authorities two left because of difficulties experienced in finding suitable housing accommodation.

Miss M. Gundry, who had been sponsored for health visitor tutor training, left the county to take up the post of tutor at the North West Polytechnic health visitor training course and took with her the best wishes of her colleagues for success in her new appointment.

It is necessary to report, with regret, that Mrs. V. Drewett, who had served the County for very many years, died in January, 1967.

The staffing position at the end of the year was as follows:—

Superintendent Health Visitor	..	..	..	..	..	..	1
Deputy Superintendent Health Visitor	..	..	..	..	..	..	1
Area Superintendent Health Visitors	..	..	..	..	..	..	3
Area Relief Health Visitors	..	..	..	..	..	..	4
Full-time Health Visitors	..	..	..	..	..	..	60
Part-time Health Visitors (equivalent to 9.35 full-time)				..	..	..	20
Moral Welfare Worker/Health Visitor	..	..	..	..	..	..	1
District Nurse/Health Visitors (equivalent to 3.33 full-time)					..	..	10
Full-time Tuberculosis Health Visitor	..	..	..	..	..	..	1
Full-time Health Assistants	..	..	..	..	..	..	5
Part-time Health Assistants	..	..	..	..	..	..	36

NOTE. The staffing position at the end of the year represented an increase of the equivalent of 11 health visitors.

The provision of suitable office accommodation for health visitors continued to be a problem in many areas and the assistance offered by the Royal Buckinghamshire and Associated Hospitals Management Committee in making available, free of charge, a room at Winslow Hospital, for use by a health visitor was welcome since it allowed a development of the service in that area.

2. Statistics

The following table gives some indication of the work carried out by the health visitors during the year, the corresponding figures for 1966 being shown in parentheses:—

CASES VISITED FOR FIRST TIME DURING 1966

<i>Expectant Mothers</i>	..	..	..	..	..	4,173	(4,689)
<i>Children under Five Years</i>							
Children born in 1967	..	..	..	..	..	10,252	(11,244)
Children born in 1966	..	..	..	..	..	9,257	(8,187)
Children born in 1962-65	..	..	..	..	..	17,768	(17,053)
<i>Care of the Aged</i>							
Persons aged 65 or over	..	..	..	..	..	2,366	(2,038)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	920	(796)
<i>Mental Health</i>							
Mentally disordered persons	..	..	..	..	..	205	(144)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	89	(76)
<i>Hospital After Care</i>							
Persons discharged from hospital (other than Mental Hospital)	..	..	..	..	..	281	(196)
No. of these visited at special request of general practitioner or hospital	..	..	..	..	..	200	(145)
<i>Infectious Diseases</i>							
No. of tuberculous households visited	..	..	..	..	..	347	(431)
No. of households visited on account of other infectious diseases	..	..	..	..	..	70	(27)
<i>Immigrants</i>							
No. of cases visited	..	..	..	..	..	385	(282)
TOTAL VISITS							
Children under 5 years of age	..	..	..	..	..	96,971	(95,394)
All other visits	..	..	..	..	..	28,000	(25,822)
Ineffectual visits	..	..	..	..	..	17,594	(17,270)

Other Work*Ante-natal Mothercraft and Relaxation Classes*

Number attended for first time:

Institutional booked	..	..	..	..	..	1,281	(1,069)
Domiciliary booked	..	..	..	..	..	480	(414)

School Health Service

No. of sessions	..	..	..	..	..	663	(924)
No. of cases visited	..	..	..	..	..	2,261	(3,149)

Detection of Deafness

No. of screening tests	..	..	..	..	..	536	(480)
No. of audiometry tests	..	..	..	..	..	362	(628)

<i>Phenylketonuria</i>	No. of tests	..	..	..	..	9,323	(9,477)
------------------------	--------------	----	----	----	----	-------	---------

Hospital Liaison

Maternity	..	..	..	..	..	240	(227)
Paediatric	..	..	..	..	..	134	(77)
Chest	..	..	..	..	..	267	(—)
Diabetic	..	..	..	..	..	27	(—)
Geriatric	..	..	..	..	..	62	(54)
Other	..	..	..	..	..	57	(273)

G.P. Liaison

No. of consultations at surgery	..	..	..	..	2,256	(2,150)
Other sessional work	..	..	..	..	381	(158)

Fixtures

Child Welfare Centres	..	..	..	..	..	4,305	(4,444)
Mothers' Clubs	..	..	..	..	..	379	(355)
Group Teaching	..	..	..	..	..	1,363	(1,705)
Chest Clinic	..	..	..	..	..	223	(99)

3. Liaison

Efforts were made during the year to maintain and, wherever possible, extend useful links with hospital staffs and with general medical practitioners.

Regular conferences were held at the geriatric units of the Amersham General and Stoke Mandeville Hospitals; these conferences were attended by the consultant physicians, health visitors, home nurses and social workers. Regular visits were paid by health visitors to the Chest Clinics at Aylesbury, Bletchley, Buckingham, Wolverton and High Wycombe, whilst the one remaining tuberculosis health visitor, based in Slough, also visited the Canadian Red Cross Hospital, Taplow, each week with the chest physician and medical social worker.

Health visitors continued to attend the diabetic clinic held each week in Aylesbury and, in order to keep them abreast of modern methods and trends in treatment, arrangements were made for four members of the staff to attend a day conference organised by the British Diabetic Association.

Health visitors established a very good relationship with the staff of the new General Practitioner Maternity Unit at Bletchley.

4. Child health clinics

An appointment system brought into operation at the purpose-built centre at Quarrendon, Aylesbury, for consultation with the medical officer allowed greater emphasis to be placed on regular development checks and consequent health education.

A programme of health education was put into operation at Chalfont St. Peter; teaching took place during the ordinary clinic sessions and was given by a team of two health visitors who reversed their roles when necessary; one health visitor concerned herself with consultations and the giving of advice normal at these sessions whilst the other dealt with the health education aspect using films and other visual aids and talking to small groups of mothers.

5. General Medical Practices—Attachment

The scheme instituted in 1961 whereby health visitors working within a geographical area worked in liaison with medical practices continued during the year and was extended to new areas wherever possible. In Bletchley the scheme was developed so that health visitors with home nursing/midwifery colleagues were fully attached to practices without reference to any geographical area.

At the end of December, 1967 the general position was that seven health visitors were attached to four practices and another twenty-two were working in liaison with twenty-four practices.

6. Immigrants

The relatively high number of immigrants in the Slough and High Wycombe areas presented particular problems for the health visiting staff who had to exercise their skills and ingenuity in their efforts to make effective contact. The problems were particularly acute in the case of Asian immigrants, where the language barrier was the main difficulty. The appointment of a health assistant able to interpret did, however, prove of great value. She worked in the child health clinics, in the schools and in the homes of the immigrants. Classes for expectant mothers and for mothers with young children were started and proved successful. Without the support of the interpreter it is doubtful if much progress could have been made.

An understanding of the background, history and culture of the immigrants is required if the help offered to their families is to be accepted and, in this connection, arrangements were made for one health visitor to attend an evening course on "The community and the immigrant" and for four health visitors to attend a day course on "The pre-school child and the immigrant family."

Arrangements continued during the year whereby the arrival of immigrants was notified to the Department by the medical officer of the port of entry. Those immigrants arriving in Aylesbury and Slough were referred to the chest clinic and it is interesting to note that only a few failed to attend. In other parts of the county the question of referral to the chest consultants was left to general medical practitioners.

7. Professional education

It is vitally important that health visitors and indeed all members of the staff should be encouraged to keep abreast of developments in their profession by attendance at suitable courses as well as through in-service training.

With this in mind arrangements were made for health visitors to attend a two-day in-service course held at Missenden Abbey when visiting lecturers spoke on recent developments in the knowledge and management of various conditions of infancy and childhood. Staff welcomed this opportunity of keeping up to date with medical progress.

Dr. D. MacCarthy, consultant paediatrician, attended two health visitors' meetings when he spoke about developments in the treatments of spina bifida in children. By arranging the two meetings it was possible to ensure that most of the health visitors could hear the lecture. On two other occasions the County Medical Officer was able to meet and talk to the health visitors on departmental matters relating to the service. Health visitors also attended refresher courses organised by the Royal College of Nursing, the Health Visitors Association and Chiswick Polytechnic. Three members of the health visiting administrative staff attended a course dealing with management techniques.

Lectures, visits of observation and discussion groups were arranged for student nurses from the Royal Buckinghamshire and Associated Hospitals, Amersham General, Princess Mary's Royal Halton, Canadian Red Cross Memorial, and Upton Hospitals.

Senior members of the health visiting staff contributed to various courses including midwives refresher and social workers in-service training courses; and they gave lectures to the final year students at Bletchley Park teachers training college. A paper on the "Care of the child in the home" was given at a conference arranged by the Institute for the Study of the Treatment of Delinquency and this was subsequently published in "The Nursery World".

Lectures were given to students at grammar and technical schools with particular reference to the social services; to the administrative students of the Royal College of Nursing; to health visitor students of the Chiswick Polytechnic training course; and to the group advisors' course organised by the Health Visitors Association.

8. Assistance for Health Visitors

The policy of employing health assistants in order to relieve trained health visitors of the more routine aspects of their work continued and an improvement in recruitment coupled with careful selection of candidates allowed development in the scope of their work. It was possible to increase the health assistant's time allocated to home visiting, particularly amongst the elderly.

Health assistants who are state registered nurses gave immunising injections at some clinics so as to free the clinic medical officer for consultations.

Wherever possible clerical help was provided for the health visitors, thus making more efficient use of their specialist training and giving greater work satisfaction.

AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

1. General

The demands made on the ambulance service were greater in 1967 than in any previous year. The total number of patients carried was 233,918 this being 25,708 more than the corresponding figure for 1966. In order to carry these patients ambulance vehicles travelled 1,818,998 miles, an increase of 104,396 miles over the figure for 1966.

This increase was due to additional demands made by the trend towards the treatment of patients at out-patient clinics rather than as hospital in-patients; the development of day hospitals for the care of the elderly; increased use of transport in the mental health field and the transport of more physically handicapped persons to and from occupational therapy centres.

Despite the increase it is of interest to see from the graphs which follow that the average miles travelled per patient fell during the year from the 1966 figure of 8.23 to the new low figure of 7.78. This again reflects credit on the operational staff for the thought given to planning journeys and to the intelligent use of the radio controlled vehicles.

2. Staffing and training

Mr. W. C. Collett took up his appointment of County Ambulance and Transport Officer during the year and it was considered opportune to review the service in the light of the increasing demands made on it and in view of future requirements, having regard to the two reports of the Working Party on Ambulance Training and Equipment published by the Ministry of Health.

At the time of the review, of the total establishment of 136 driver/attendants, 21 posts were vacant. Particular difficulty had been experienced in recruiting staff for the purpose built station at Chalfont St. Peter. The ratio of staffing establishment to vehicles compared favourably with that of other similar authorities and, in the circumstances, no recommendation was made regarding an increase in the establishment.

The staff comprised:—

- 1 County Ambulance and Transport Officer
- 1 Deputy County Ambulance and Transport Officer
- 4 Station Superintendents
- 16 Duty Officers
- 3 Head drivers
- 16 Leading drivers
- 136 Driver attendants (including 9 female driver/attendants)
- 9 female attendants

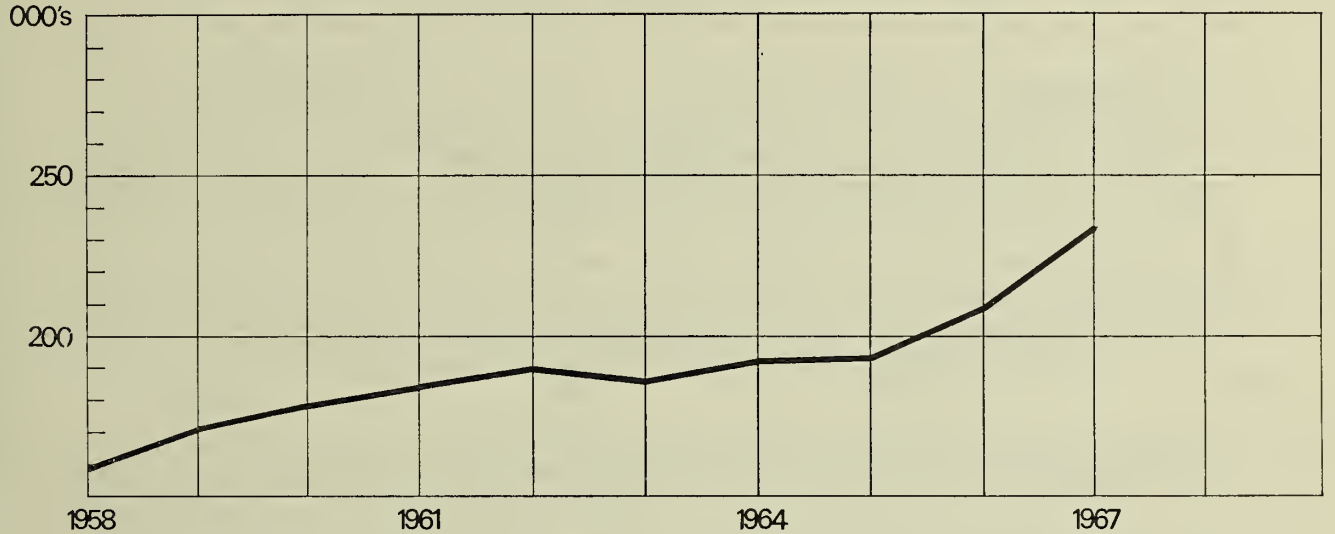
Of the staff in post, 149 were qualified in first aid whilst the other ten were undergoing training at the end of the year.

Training of ambulance staff relies upon the acquisition of first aid certificates issued by voluntary aid societies and to be entitled to qualification pay, ambulance staff have to re-pass the appropriate

Patients conveyed by ambulance

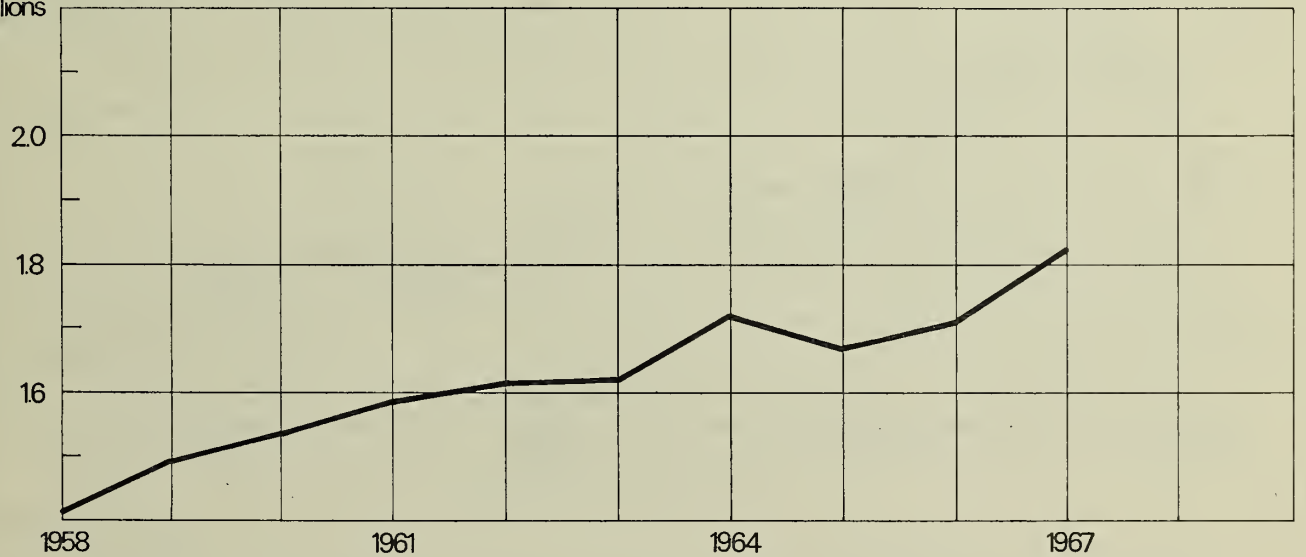
Population of Buckinghamshire

440 600 455 500 469 210 491 400 505 130 515 920 528 010 532 990 542 020 552 470



Total ambulance mileage

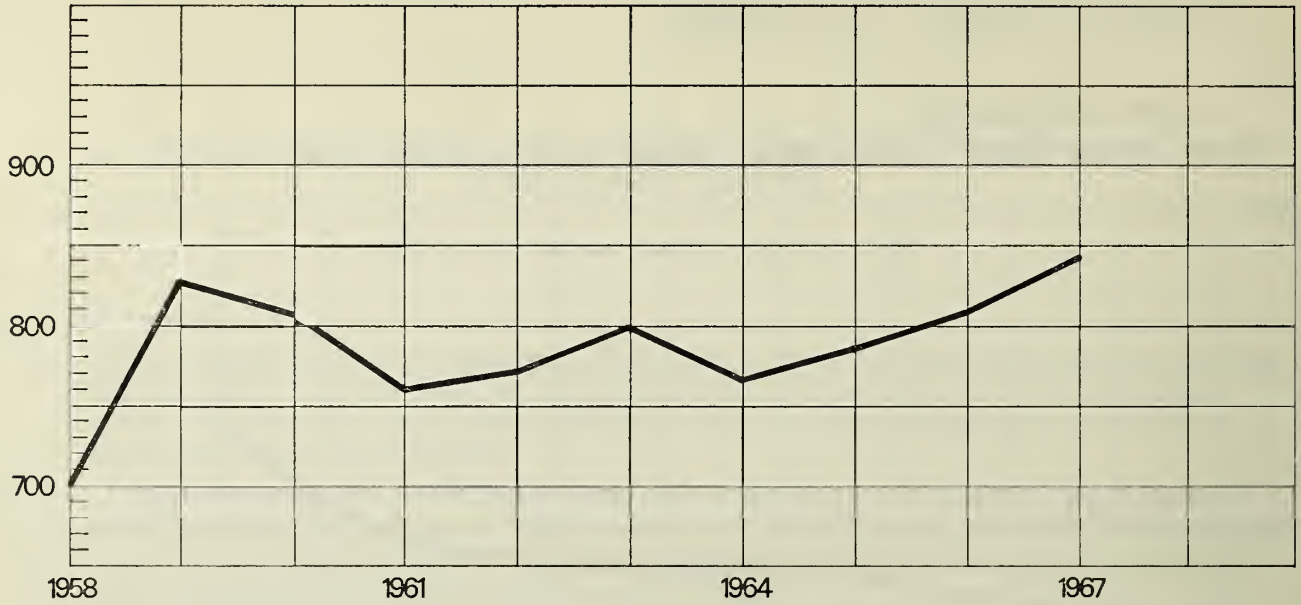
millions



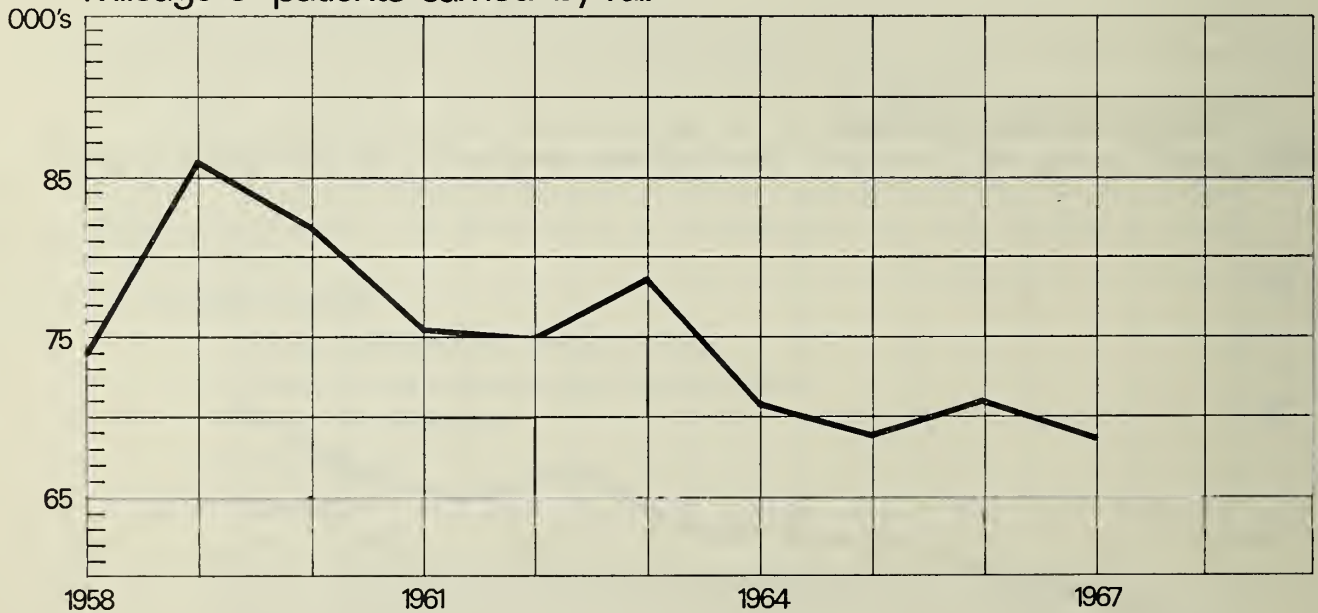
Average miles per patient

8.80 8.75 8.66 8.63 8.54 8.75 8.92 8.64 8.23 7.78

Patients conveyed by rail



Mileage of patients carried by rail



examinations every three years and attend annual refresher courses run by the societies. On occasion, the appropriate training facilities have not been available in some areas of the County and when this happened courses were organised by the Superintendents of ambulance stations, staff subsequently being examined by members of the Department's medical staff.

No provision was made for systematic training in various specialised procedures such as emergency childbirth, nor was instruction in advanced ambulance work, including the handling of major accidents, covered on a county-wide basis.

The report of the Working Party on Ambulance Training and Equipment recommends a standard of training which should be adopted nationally and certain selected authorities were participating in experimental basic courses. Discussions were commenced with neighbouring health authorities to explore the possibility of setting up a joint area training school, but this is likely to be a long term project. It was considered that a need existed for local training in a variety of subjects.

In the circumstances, it was recommended that, as a first step towards the implementation of a full training policy for the county ambulance service, an Assistant County Ambulance Officer (training) should be appointed with the prime duty of exercising overall supervision of training, but who would also be available to relieve station superintendents in the event of their absence from duty.

3. Vehicles

The overall ambulance vehicle strength was increased by six during the year, the total of 73 vehicles comprising 42 ambulances, 28 dual purpose and 3 specialist vehicles. The approximate average annual mileage for each vehicle was 25,000 miles.

More than half the ambulance fleet was over four years old, whilst many vehicles had done extremely high mileages. This resulted in breakdowns, in long periods when vehicles were off the road for repairs, and in ambulances having only a scrap value when they were replaced. In the circumstances, it was agreed in principle that vehicles should be replaced after 5 years in service or on the completion of 150,000 miles, whichever comes first.

With regard to the type of vehicle to be used, it was accepted that for the immediate future they should be based on the Bedford J.I. or similar chassis adapted either for ambulance or sitting car use; that each ambulance be equipped with two stretcher trolleys; an aspirator powered by the vehicle engine; have a built-in rescue equipment locker with access from outside; appropriate electrical connections for incubators; and various other special fitments.

The general equipment in use throughout the ambulance service is being modified, as replacements become due, to correspond with the recommendations of the Working Party mentioned previously.

4. Car Service—voluntary aid

In order to economise in the use of special ambulance transport, it was agreed that consideration should be given to the possibility of introducing an ambulance car service, the vehicles to be driven by volunteers who would work under the operational control of the county ambulance service. This voluntary service would be flexible and the use of private cars for the transport of suitable patients would ensure their comfort. Such a service would be of particular help for those living in isolated areas of the county.

Members of the St. John Ambulance Brigade and of the British Red Cross Society gave valuable assistance throughout the year and, in addition to providing courses of instruction and undertaking duties at ambulance stations, they assisted on occasion as escorts for patients travelling by rail. Their services, given so generously, were appreciated by all concerned.

5. Premises

Plans were made during the year for the opening of a new ambulance station at Maids Moreton, near Buckingham; to replace the unsatisfactory premises in use at Newport Pagnell; to replace the

station at Amersham by new purpose built premises; and to extend or rebuild the Slough station before the end of the next decade.

In March, a new two-storey building with additional garage accommodation was taken over at High Wycombe, the original station erected in 1955 having proved inadequate.

6. Major disaster plan

During the review of the service, particular regard was paid to the several obvious potential sources of major disaster in the county, namely the M.1 and M.4 motorways, the main Euston/Rugby railway line and the area around the flight path of Heathrow Airport. Immediate consideration was given to a revised plan for dealing with such emergencies. It is intended that a full-scale exercise will be carried out when the revised disaster plan is available in order to test the adequacy of the arrangements and of the communication system.

7. Civil Defence—Ambulance First Aid Section

Because of the re-organisation of the Civil Defence Corp and the disbandment of certain sections, responsibility for the Ambulance and First Aid Section was transferred to the County Civil Defence Officer on 1st April, 1967. This allowed personnel to be absorbed elsewhere.

Arrangements were made for two instructors to attend the Home Office Civil Defence School at Falfield during September, 1967 where they took part in a peace-time ambulance conversion course.

8. Ambulance services in war

Consideration was given to the arrangements to be made for the provision of ambulance services in the event of war. The peacetime ambulance service will form the nucleus of the war-time service and expansion is to be achieved by the formation of an ambulance reserve which will comprise qualified men and women drivers.

It is proposed that all peacetime ambulance personnel will be trained in war-time duties, after which training of reserve personnel will be undertaken.

9. First aid services in war

All local health authorities were required during the year to make plans for a service to be responsible for the collection and removal of casualties resulting from hostile action. First aid services would be manned mainly by members of the voluntary aid societies who already possess a useful skill and whose availability in war-time can form the basis of peacetime planning.

At the end of the year, discussions had taken place with representatives of the St. John Ambulance Brigade and the British Red Cross Society regarding the provision of this particular service.

10. Safe driving

In all, 132 drivers/attendants were eligible for the annual safe driving competition organised by the Royal Society for the Prevention of Accidents and of these members of the staff 108 gained awards for a year of accident free driving.

11. Air Travel

A total of 17 patients were moved by air because ordinary ambulance transport was considered undesirable.

These special journeys resulted in an estimated saving of 13,256 ambulance vehicle miles.

HOME HELP SERVICE

(Section 29, National Health Service Act 1946)

1. General

The demand on this service during 1967 was much the same as that met during the previous year; in all 2,916 cases were assisted, this being an increase of 89 over the total for 1966. It should be borne in mind, however, that there was an increase of over ten thousand in the population of the county during the period in question.

The total number of hours of help given was 266,160.

Some indication of the growth of this service is shown in the graph which follows. It is interesting to note that some 70 % of the cases helped were aged 65 years or over, the corresponding figure for the previous year being 64 %. This increase follows the trend of recent years and will, it is expected, continue. Another trend is a steady reduction in the number of maternity cases helped, resulting from the increased availability of hospital maternity beds and the subsequent reduction in home confinements.

2. Administration

The day-to-day administration is decentralised, the Area Medical Officers of the four health areas being responsible for the running of the service. They are assisted by Area Home Help Organisers and Assistant Organisers, whilst the County Home Help Organiser supervises the whole service and advises on policy matters generally.

The four areas and the districts they cover are as follows:—

- North Bucks — Municipal Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, and the Rural Districts of Buckingham, Newport Pagnell and Winslow.
- Aylesbury — Municipal Borough of Aylesbury and the Aylesbury and Wing Rural Districts.
- Wycombe — Municipal Borough of High Wycombe, Urban Districts of Beaconsfield and Chesham and the Amersham and Wycombe Rural Districts.
- South Bucks — Municipal Borough of Slough, Urban District of Eton and the Eton Rural District.

There was no change in the establishment of organising and clerical staff during 1967 although there were a number of staff changes which temporarily upset the smooth running of the service. In particular, there were five resignations of assistant organisers during the year; two in the Wycombe area, two in the South Bucks area and the other one in Aylesbury.

Despite these changes all cases receiving home help were visited at two or three monthly intervals to ensure that the needs of the patients were being appropriately met. Liaison between the organising staff and other members of the health and welfare team remained at a high level throughout the year.

3. Recruitment of home helps

Generally, there was an improvement in recruitment during the year, this position having continued since the introduction of selective employment tax. Recruitment was, however, still unsatisfactory in High Wycombe which is a particularly difficult district to cover and one where public transport

Home Help cases



is not always available for home helps when they are getting to their cases. Nevertheless, all cases were assisted although at times the allocation of help to some homes would have been higher had the staff been available.

4. Block allocation of help

An experiment was introduced during the year in the Aylesbury Health Area whereby a home help was given five hours a day to cover four cases, the actual amount of daily help given to each patient being decided by the home help according to individual needs. The experiment was watched closely and was found to be of great benefit to the patients during the winter months.

5. Good neighbour scheme

This scheme which has now been running for thirteen years with extremely good results, continued during 1967 to be a valuable aid to the home help service. In all, good neighbours helped 176 cases, this being an increase of 6 over that for the previous year.

6. Training

It is of particular importance that all members of the home help staff should be encouraged to develop their skills in caring for those in need. With this in mind, a two-day in-service training course, which was attended by twenty home helps, was held in the north of the county. Experience has shown that a relatively small group is very much more likely to achieve worthwhile results than a large one, since those making up the small group tend to be more relaxed and friendly and more inclined to forget their inhibitions.

A similar course was held at the Aylesbury College of Further Education where the chosen subjects were: nutrition for the elderly; service of meals; washing machine demonstration and instruction; preparation of a two-course meal for six different types of cases at a minimal cost; neglected homes; and the mentally ill in the community.

Four half-day in-service courses were held in the South Bucks area.

The County Home Help Organiser and one Assistant Organiser attended the weekend school organised by the Institute of Home Help Organisers which was held in Scarborough.

7. Statistics

The following table gives an indication of the cases helped during 1967 and of the categories of those cases; corresponding figures for 1966 are shown for comparison.

<i>Type of Case</i>	<i>No. of Cases</i>	
	1967	1966
1. Elderly (aged 65 or over)	1,953 (66.95%)	1,805 (63.5%)
2. Chronic Sick and T.B.	201 (6.8%)	181 (6.40%)
3. Maternity	357 (12.24%)	401 (14.18%)
4. Mentally Disordered	23 (0.82%)	22 (0.78%)
5. Others	382 (13.10%)	418 (14.79%)

PREVENTION OF ILLNESS ETC.

(Section 28, National Health Service Act, 1946)

1. General

The permissive powers given to local health authorities under this section of the Act are widely drawn and as a result a variety of services are supplied; most of these are described elsewhere in this report but a brief description is now given of those to which such reference is not made.

2. Chiropody

The scheme adopted for the provision of chiropody allows for the provision free of charge to persons in receipt of retirement pensions and supplementary allowances from the Ministry of Social Security, to those who are physically or mentally handicapped, to expectant and nursing mothers, to diabetics and to those who are registered as blind or partially sighted. The scheme was extended, with effect from October 1967, to include the partially sighted.

Treatment is carried out by private practitioners eligible to provide treatment in accordance with the regulations laid down by the Ministry of Health. Patients are free to choose their own chiropodist and are expected to attend that chiropodist's surgery. Where the patient is housebound, domiciliary treatment may be arranged if a social worker considers this necessary.

Normally, patients may receive up to nine treatments each year, and up to six re-dressing treatments may be given for septic conditions. In cases where the chiropodist attending a patient considers that additional treatments are necessary, application is made and each case is considered by the County Chiropodist, Mr. D. Idris-Evans who is responsible for the day-to-day administration of the scheme. If the application is approved the additional treatments are authorised.

In the past, the chiropodists were either paid on the County Council's scale or in accordance with the rates of remuneration recommended by Whitley Council. From 1st January this latter scale was increased and became more advantageous to the private practitioners than the County Council scale.

The chiropodists participating in the scheme were given the option of changing to the Whitley Scale if they were not already being remunerated on that scale and all chose to do so.

An indication of the work undertaken by private practitioners during the year is given in the following table:—

Total number of persons treated	4,072
Number of new patients	1,128
Treatments given at chiropodists' surgeries	9,555
Treatments given at patients' homes	13,487
Dressings where full treatments were not given	209
Failed appointments	372

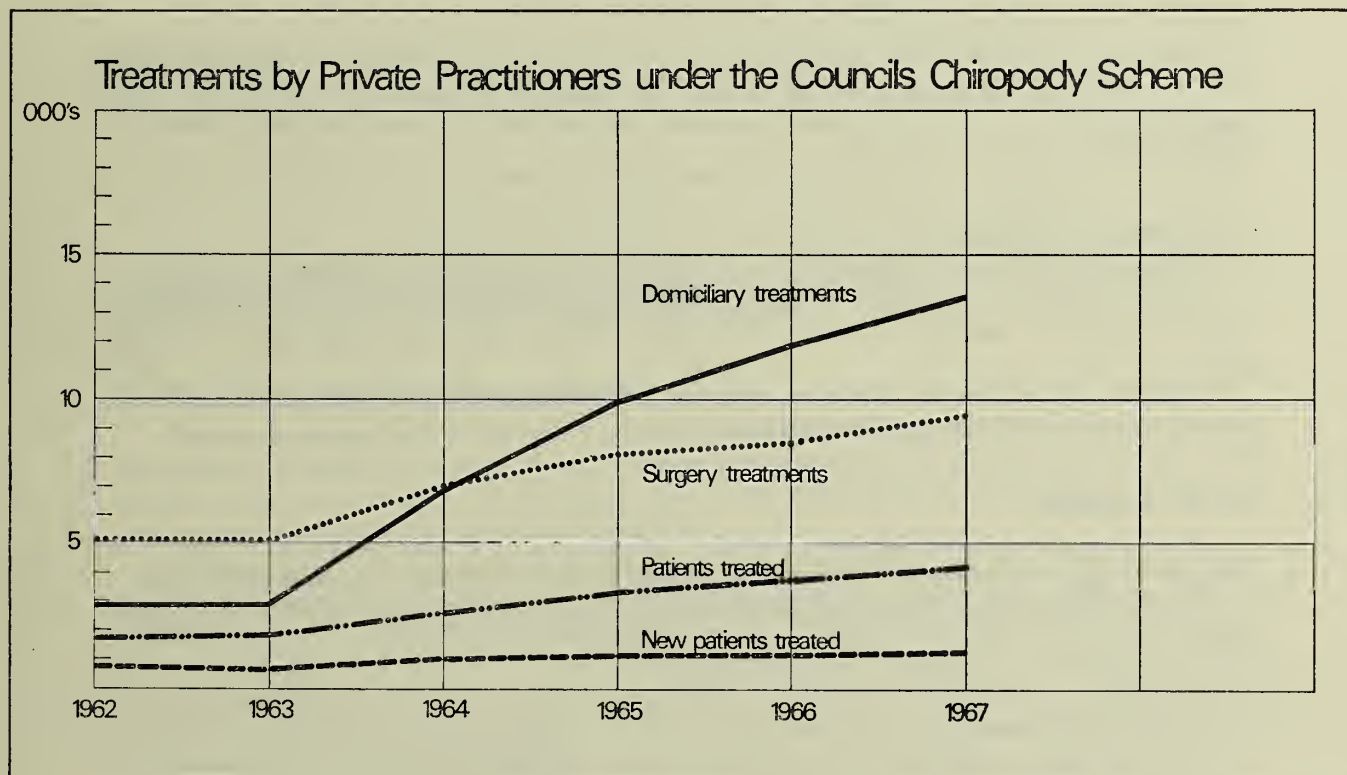
The number of chiropodists under contract at the end of December was 54.

The graph which follows shows how demands on this service have increased over the last six years. It will be seen that domiciliary visits have exceeded the surgery treatments since 1964 despite the limitation of domiciliary treatment to the housebound only.

At the beginning of 1967 the County Chiroprapist was being assisted by a full-time senior chiroprapist but she resigned her appointment in the February to take up private practice and it was not possible to fill the vacancy until August. The senior chiroprapist undertakes treatments at some of the County Council's old persons' homes, hostels and at some schools. Private chiroprapists are employed on a sessional basis to provide treatment at those of the Council's old persons' homes which cannot be visited by the full-time staff. Four chiroprapists were so employed during the year on a sessional basis and they provided a total of 581 treatments at 82 sessions.

The full-time staff provided in all 2,166 treatments and the total number of treatments undertaken during the year for other school children was 25,789.

The County Chiroprapist gave talks on the "Care of the feet" at Mothers' Clubs, young wives groups, old people's clubs and at two one-day conferences organised by the Buckinghamshire Old People's Welfare Committee.



3. Provision of nursing equipment on loan

The growing emphasis on domiciliary care and rehabilitation of the disabled brought an increased demand for the issue of equipment required in the nursing of patients in their own homes.

The following table gives some indication of the equipment loaned during the financial year ended 31st March, 1968, although the figures do not include equipment issued from the

Medical Comforts Depot of the British Red Cross Society at Chesham or from the Area Health Office in Slough:—

Walking Aids	218
Commodes	145
Wheelchairs	142
Beds and Mattresses	39
Lifting poles and chains	32
Bed cradles	23
Hoists and attachments	21
Air-rings	19
Back rests	16
Rubber sheeting (in lengths)	14
Mattresses	14
Fracture boards	10
Raised toilet seats	6
St. Anne's cushions	6

Requests for the loan of equipment were received from:—

District nurses	243
Health visitors	181
Social workers	179
Hospital medical social workers	102

It must be emphasised that this scheme is for the loan of nursing equipment to patients where the need is temporary; where that need is likely to be permanent or the items of equipment have to be specially made for the individual patient concerned, the equipment is usually supplied through the hospital service.

4. Recuperative Holidays

Arrangements were made during the year for 145 persons to be sent on recuperative holidays.

These holidays were provided on the recommendation of hospital consultants, family doctors, health visitors, social workers and others for those who did not require continuing medical or nursing care.

Patients were required to make a contribution, in accordance with their financial circumstances, towards the cost of their recuperative holidays.

B.C.G. Vaccination

Protection against tuberculosis was offered to children prior to leaving school, to students who had not been protected when at school and to children who were contacts of cases of tuberculosis.

The following table gives details of the number of persons vaccinated under the approved arrangements during 1967:—

(a) *Contacts:*

(i) No. skin tested	1,277
(ii) No. found positive	346
(iii) No. found negative	931
(iv) No. vaccinated	443

(b) *School children and students:*

(i) No. skin tested	5,873
(ii) No. found positive	678
(iii) No. found negative	5,056
(iv) No. vaccinated	5,056

INFECTIOUS DISEASE

1. Vaccination and immunisation

Certain administrative changes in the arrangements for vaccination and immunisation were introduced following recommendations received from the Ministry of Health. From April the records of protection given to patients by general medical practitioners were kept in a new form prescribed by the Ministry and, since that date, the completed forms reach the Department by way of the Local Executive Council instead of directly from the practitioners concerned. At the same time the Ministry asked that records of immunisations given at the County Council's child health clinics and schools should be provided for the family doctors concerned.

These requests were met although it created a considerable amount of additional clerical work; the arrangements do, however, ensure that comprehensive records in respect of the immunisation of children are held both in the Department and by the family doctors.

In June local health authorities were asked to accept responsibility for the issue of smallpox vaccine to hospitals and to general practitioners in the area, a task formerly undertaken by the Public Health Laboratory Service. Arrangements were made for the distribution of this vaccine to be undertaken by the Health Area Offices in Bletchley, Aylesbury, High Wycombe and Slough.

It is encouraging to be able to report a continued rise in acceptance rates, perhaps the most remarkable feature being the increase in the number of reinforcing doses of diphtheria and tetanus vaccines; about 50% more children receiving these reinforcing doses than in 1965.

The graph gives an indication of the number of children given protection against smallpox, diphtheria, whooping cough, poliomyelitis and tetanus during the five years 1963-1967, with the number of live births during those years being given for comparison.

2. Processing of health records by computer

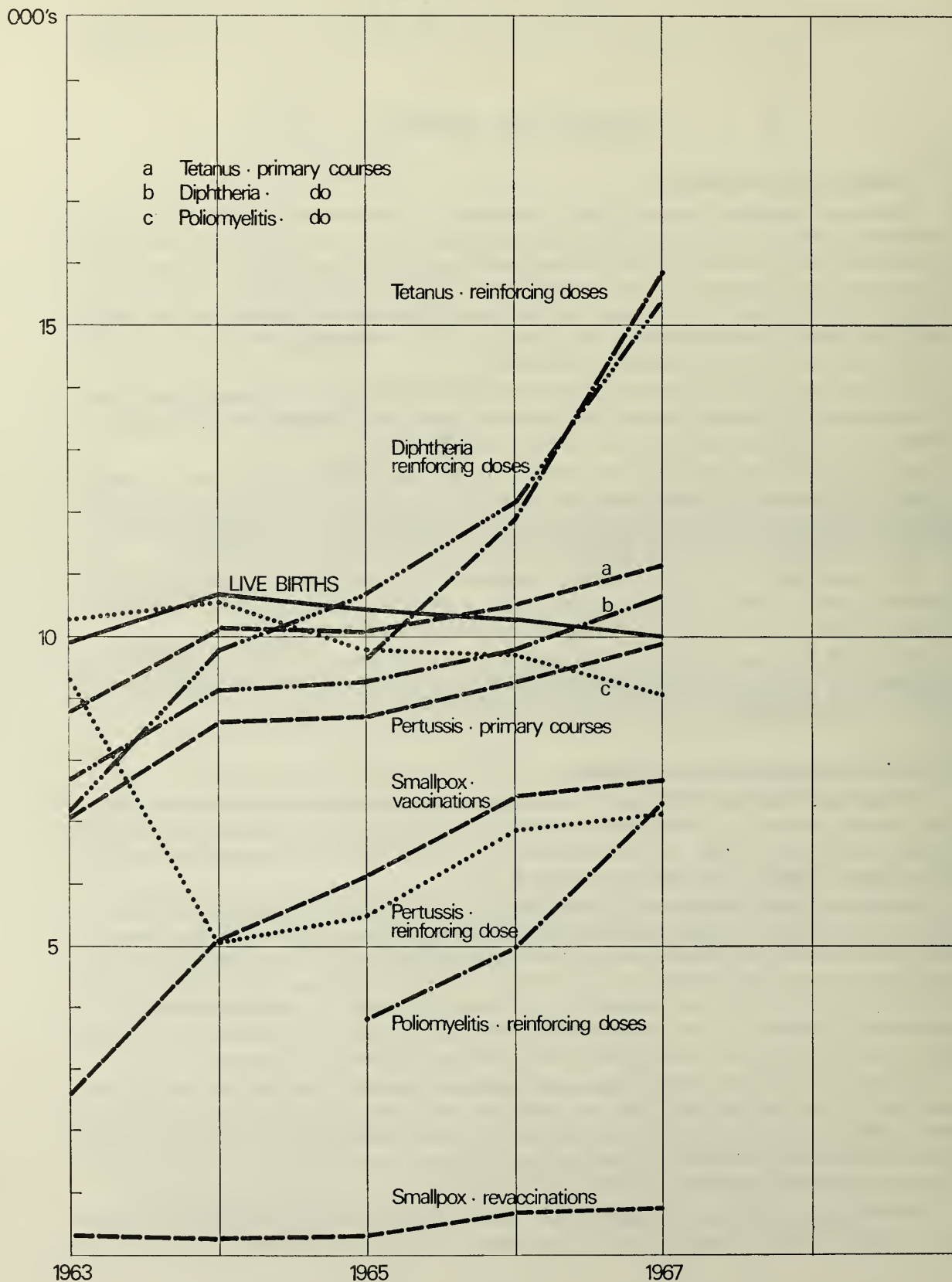
During the second half of the year a considerable amount of work was undertaken in planning new systems to enable the County Council's computer to commence the processing of certain health records in the course of 1968. As the largest part of this work relates to immunisation, it might be appropriate to include a brief description of it here.

A new form of birth notification has been designed, which facilitates the preparations of information for the computer. Health visiting record cards have also been modified to fit the computer's printing unit, giving a useful saving in the clerical labour involved in writing these cards by hand. The new form includes two tear-off portions, one of which provides the details required to maintain statistics on premature births in the form prescribed by the Ministry of Health. The second detachable card is intended for completion by the parents and will enable them to give their consent to immunisation against diphtheria, pertussis, tetanus, poliomyelitis, smallpox and measles.

For many years, details of all births notified have been supplied to the local registrars of births and deaths in order that they can ensure that all have been registered. They in turn, notify the Department of Health and Welfare of any births registered but not included in lists received from this office. The details necessary for this mutual check will also be printed by the computer from the information already available on the magnetic tape record of birth details.

In recent years many authorities have set up "at risk" registers which contain details of children who, because of certain recognisable factors associated with heredity, pregnancy, birth or with the

Vaccination immunisation and live births



early days of life, are considered to be at greater risk of developing a handicapping condition than other children. The purpose of the register is to ensure that these children are seen at such intervals as may be considered appropriate by the consultant or medical officer undertaking their care. The computer will enable such a register to be maintained on a county basis for the first time. In cases where the "at risk" factor is recognisable from the birth notification, the programme provides for the child to be included in the register automatically. In such cases the details required by the Area Medical Officers, who will undertake the day-to-day administrative arrangements, will be printed out at the same time as the health visiting record cards. The system provides for the subsequent addition to the register of children "at risk" due to factors which cannot be identified by reference to the birth notification. The existing systems for the follow-up of premature infants and those with congenital abnormalities will be incorporated in the "at risk" register system.

When each completed immunisation consent card is returned, details will be fed into the computer indicating the procedures for which consent has been given and the place where the parent wishes to attend for this purpose. General practitioners have been invited to participate in the computer appointment system and the initial response has been very satisfactory. Vaccination and immunisation will, of course, continue to be provided in child health clinics for those parents who prefer to attend them.

At fortnightly intervals the computer will examine the tape containing records of birth details and consents together with a magnetic tape record of the sessional arrangements of the various general practitioners and child health clinics. It will then print out appointment cards advising the parent where and when the immunisations are to be given and will also print lists of these appointments for the doctor or centre concerned. Normally it will be possible for each centre to hold up to four sessions per month and special arrangements have been made for a few of the very large centres to have more frequent appointments.

The appointments lists later serve as a notification to the computer that the appropriate courses have been given and clerical work, both in the centres and in the central office will, therefore, be kept to a minimum. The system also provides for the recording of immunisations given outside the normal appointments system. Apart from this saving in time spent on clerical duties, it is hoped that the efficiency of the computer record will lead to a substantial increase in the proportion of children protected.

Appreciation must be recorded of the co-operation of the County Treasurer's staff who have devised these complex systems in consultation with officers of the Department of Health and Welfare.

3. Notifications

A summary of the notifications of infectious diseases received during 1967 is given in Table (1) on page 93 of this report.

4. Tuberculosis

There was a fall in the number of notifications of tuberculosis, the total being 117 as compared with 131 for 1966. Of these 117 cases, 92 were of respiratory tuberculosis.

There were 12 deaths from respiratory tuberculosis, this figure being two less than the corresponding figure for 1966. Of the 12 deaths, 11 were males; one was in the age group 45-54 years, five in the group 55-64 years, three in the group 65-74 years, and three in the group 75 years and over.

Some indication of the progress made towards the eradication of respiratory tuberculosis is given when it is recalled that of the fifty residents of Buckinghamshire who died from this disease in 1952, three were in the age group 15-25 years, 17 in the group 25-45 years, 17 in the group 45-55 years, 11 in the group 65-75 and two were more than 75 years of age.

(a) CLINICS

All cases of suspected tuberculosis are referred to the chest consultants who work from clinics sited at Slough (Upton Hospital), Amersham (General Hospital), Aylesbury (Tindal Hospital), High

Wycombe (War Memorial Hospital), Buckingham (Cottage Hospital), Bletchley (Out-Patient Clinic) and Wolverton (Out-Patient Clinic).

The population served by these clinics was estimated to total 552,470 and, of that total, 377,050 lived in the catchment area of the Oxford Regional Hospital Board, and the other 175,420 in the area of the North-West Metropolitan Board.

(b) STATISTICS

The following table gives details of the work carried out at the chest clinics:—

	Respiratory				Non-Respiratory			
	Men	Women	Children	Total	Men	Women	Children	Total
1. Register at beginning of year ..	651	453	88	1,192	66	99	17	182
2. Additions to register during year—								
New patients.								
Class A (Minus)	—	—	—	—	—	—	—	—
Group 1	13	13	9	35	18	7	1	26
" 2	5	2	—	10	—	—	—	—
" 3	2	—	—	7	—	—	—	—
Class B (Plus)								
Group 1	15	6	1	22	—	—	—	—
" 2	11	2	—	13	—	—	—	—
" 3	2	—	—	2	—	—	—	—
3. Transfers from child column	4	—	—	4	1	—	—	1
4. Transfers from other registers	20	10	2	32	5	2	4	11
5. Others added	—	—	—	—	1	—	—	1
6. Total of 1—5	721	486	100	1,307	91	108	22	221
7. Removed from register								
Recovered	58	40	7	105	7	12	1	21
Died (all causes)	13	2	—	15	1	—	—	1
Children transferred to adult column	—	—	4	4	—	—	1	1
Transferred to other registers	10	7	4	21	2	4	—	6
Other reasons	8	2	1	11	—	1	—	1
8. Total removed	89	51	16	156	10	17	2	29
9. Register at end of year	632	435	84	1,151	81	91	20	192

(c) NOTIFICATION AND MORTALITY

Notifications of and deaths from tuberculosis during the ten year period 1956—1967 together with death rates per hundred thousand of the population are given below:—

Year	Primary Notifications		Mortality			
	Respiratory only	All forms (including respiratory)	Respiratory only		All forms (including respiratory)	
			Number	Rate per 100,000	Number	Rate per 100,000
1956	236	281	31	7.4	33	7.9
1957	172	208	21	4.9	24	5.6
1958	173	211	30	6.8	35	7.9
1959	161	187	27	5.9	33	7.2
1960	155	195	21	4.5	24	5.1
1961	144	172	16	3.3	17	3.5
1962	122	160	21	4.2	23	4.6
1963	148	173	16	3.1	19	3.7
1964	124	161	20	3.8	24	4.5
1965	103	146	14	2.6	18	3.4
1966	106	131	14	2.6	17	3.1
1967	92	117	11	2.0	12	2.4

(d) MASS RADIOGRAPHY

Thanks are due to the Medical Director of the Mass Radiography Service of the Oxford Regional Hospital Board for the following extracts from his annual report which refer to specific districts of this county which are part of the Board's catchment area:—

(a) *General practitioner X-Ray service*

<i>Site visited</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Active pulmonary tuberculosis</i>		<i>Lung cancer</i>	
				<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Amersham	188	198	387	—	1	3	—
High Wycombe	827	590	1462	2	3	9	—
Marlow	214	212	426	1	—	—	—
Princes Risborough	143	144	287	—	1	—	—

(b) *Mass radiography service*

Chesham	2257	2269	4526	—	—	—	—
---------------	------	------	------	---	---	---	---

Generally, of the persons using the mass radiography service in the county during 1966 only 0.3 per 1,000 persons examined were found to be suffering from tuberculosis. The incidence of tuberculosis found in contact groups was 1.1 and in patients in psychiatric hospitals 3.8 per 10,000.

1. General

A large part of the work of health education is in group teaching and, as will be seen from the following tables, this has again shown a marked increase. A line graph is also given which indicates the steady rise in health education over the last ten years.

The following table indicates the group teaching carried out in the County during 1967, with the equivalent figures for 1966 given in parentheses:—

The subject matter covered by these talks is given below:—

Ante Natal Instruction	..	..	..	..	..	..	..	1,637
Dental Health	..	..	..	..	..	..	..	385
Miscellaneous	..	..	..	..	..	..	..	343
Growing up	..	..	..	..	..	..	..	216
Mental Health	..	..	..	..	..	..	..	216
Smoking and Disease	..	..	..	..	..	..	..	113
Health and Welfare Services	..	..	..	..	..	..	..	104
Food and Health	..	..	..	..	..	..	..	85
Home Safety	..	..	..	..	..	..	..	83
First Aid and Oral Resuscitation			..	..	..	..	..	79
Ante-Natal Instruction (Sessions with husbands)					..	..	..	46
Food Hygiene	..	..	..	..	..	..	..	25
								3,242

3. Ante-natal group activities

The value and demand for ante-natal groups was again indicated by the increase in the number of sessions from 1,444 to 1,637 and of women attending from 2,096 to 2,330. The increase was particularly noticeable in the North Bucks area and, as in previous years, the sessions at which husbands are invited to attend proved well worthwhile. In South Bucks a class for immigrants was started, and this was conducted with the assistance of an interpreter.

The health education section endeavours to assist those responsible for the classes by providing visual aids, and towards this end a new film-strip entitled "Preparation for labour", dealing mainly with relaxation and controlled breathing, was prepared and produced by the Area Health Education Organisers.

<i>Area</i>	<i>Ante Natal Classes</i>		<i>For Husbands attending with Wives</i>		
	<i>No. of Sessions</i>	<i>No. of Women attending</i>	<i>No. of Sessions</i>	<i>No. of Women attending</i>	<i>No. of Men attending</i>
Aylesbury	158	242	8	141	122
North Bucks ..	366	454	9	142	124
South Bucks ..	427	667	11	335	314
Wycombe Area ..	686	967	18	376	352
	1,637	2,330	46	994	912

4. Mothers' clubs

These clubs continue to attract a large membership of young mothers, and three new clubs were formed during the year at the Claydons, Olney and Adstock, bringing the total of clubs within the county to thirty seven.

A wide variety of subjects were discussed by the members and outside their own studies it is pleasing to see so many clubs identifying themselves, in varying ways, with their communities and making contributions towards their social lives and activities. The main study theme for this year was "Changing views in a changing world," a subject which gave opportunity to consider health and humanity from a number of angles.

A short 8 mm. sound film entitled "Home and away" was produced in South Bucks for use when efforts were being made to start new clubs, and for recruitment. Producing the film meant much work and anxiety, but it also had its lighter moments, and the cast of happy actresses were all members of the local clubs.

5. Other activities

Apart from the more formal group teaching, the Health Education section is regularly asked to arrange or to assist with in-service training projects; to help with the organisation of the training of nursery nurse students in South Bucks; and to arrange visits and instruction for university students, school groups, health visitor students, R.A.F. medical apprentices, and many other people.

The staff of the Department of Health and Welfare, and on occasions of other Departments, are kept abreast of new visual aids by means of regular meetings with the Area Health Education Organisers. Films now form a vital part of current teaching, as is demonstrated by the fact that approximately 400 film bookings were made during the year, and new productions are assessed for their value and audience potential by holding film reviews at regular intervals.

Once again a programme of lectures was arranged in South Bucks in conjunction with the Workers' Educational Association, when a series of twelve weekly talks were held in Slough on the subject of "Helping the Handicapped". An average of over forty people supported these, and the subsequent discussions were especially stimulating.

In Slough the Area Health Education Organiser co-operated with the local Home Safety Officer in organising a quiz competition for the women's groups in the town. The first two rounds took place just before Christmas, and over twenty groups took part.

The collection of old drugs and medicines was organised in both the Wycombe and Aylesbury areas, and on these occasions the Area Health Education Organisers gave their assistance. Such collections are of great value in drawing attention to the need for safety with medicines, and in the practical removal of potential dangers.

A further copy of the News Letter was published in July with information for field workers on various projects within the county.

6. Exhibitions and Displays

No large exhibitions were undertaken during the year, but numerous small demonstrations were created and set up. The following selection gives an indication of the varying subjects which were dealt with.

Home Safety	Long Crendon festival week; libraries in Wycombe and South Bucks areas; cinemas in Aylesbury.
Smoking and Health	Youth Conference. Wycombe area.
Careers Exhibition	Wolverton.
Nutrition	School Meals Service Conference, Amersham.
21st Anniversary	Chest Clinic, Tindal General Hospital, Aylesbury.
Smoking and disease	Bucks County Show, Aylesbury.
Assistance with the Central Council for the Disabled exhibition, Langley and Slough.	
Assistance with Health Week exhibition—County Secondary School, Langley.	

The provision of smaller displays and regular poster programmes, dealing with topical aspects of health as they occur throughout the year, is now a routine measure in such places as child health clinics, and to a lesser degree in other situations such as libraries and public halls.

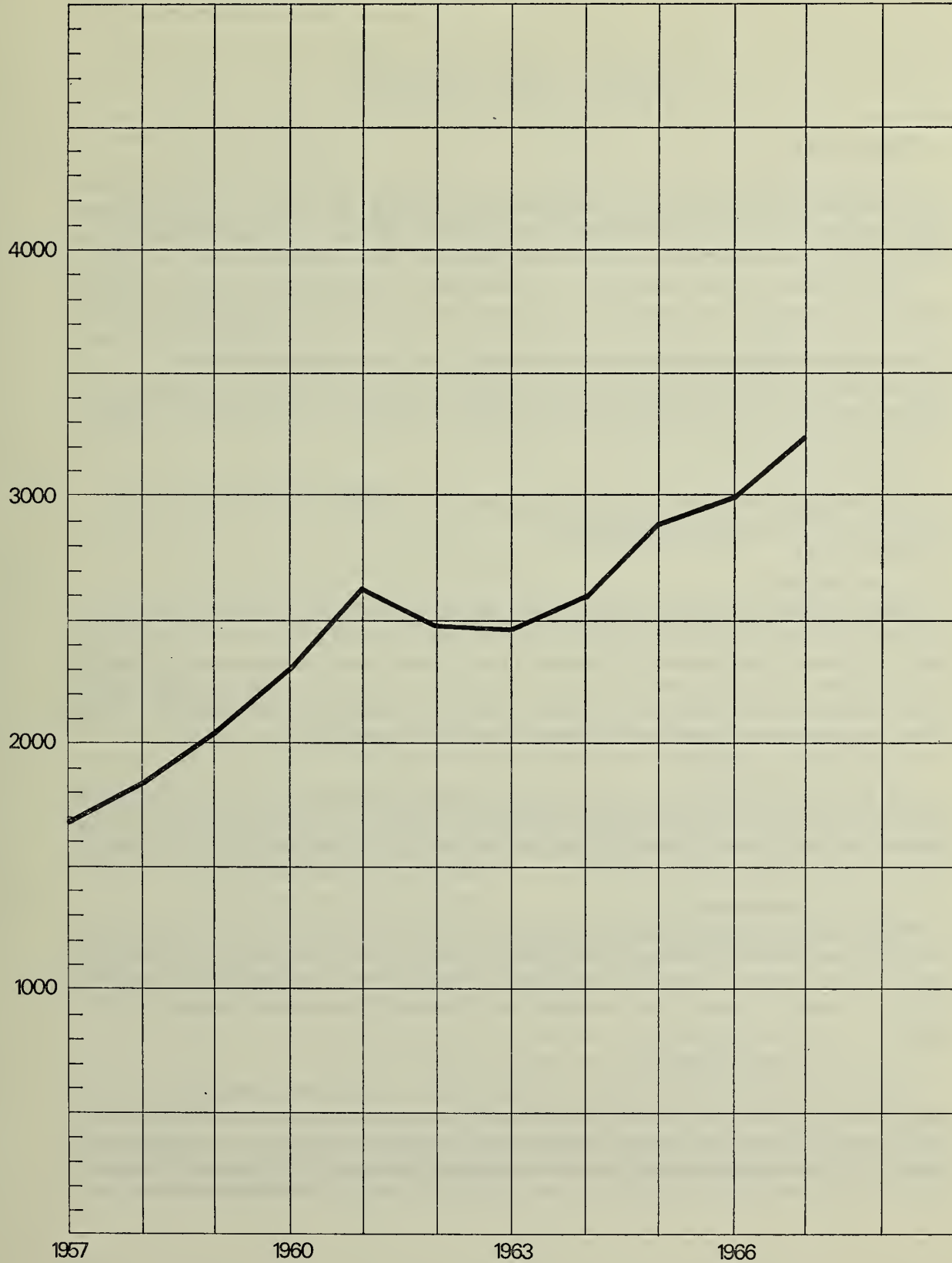
7. Smoking and disease

This extremely important problem is still high on the priorities of health education, and wherever possible is discussed with the older pupils in junior schools, and with first and fourth year pupils in secondary schools. The subject automatically comes into any programme concerning personal hygiene and in addition 113 sessions of group teaching and discussions devoted entirely to cigarette smoking and disease, were held.

An exhibition tent, with a practically continuous film show on the subject, was run at the Bucks County Show, and drew a steady audience throughout the day. The value of such publicity lies in the fact that, under these circumstances, a great number of people are reached who are otherwise difficult to contact.

The Ministry of Health published an introductory report to its "Survey of Adults' and Adolescents' Smoking Habits and Attitudes" half way through the year, and one of the most valuable observations was that school-children whose parents were or had been smokers were much more likely to be smokers themselves than children neither of whose parents smoked. The report stated that effect of parental precept upon smoking behaviour proved to be at least as strong as parental example. In view of these and other findings, the health education section immediately increased its endeavours to talk to parents in organisations such as mothers' clubs and parent/teachers associations.

Health education · number of group sessions



MENTAL HEALTH SERVICE

1. Review of service

The Mental Health Act, 1959 has now been in operation for seven years and the initial proposals for the provision of residential hostels, five-day hostels for children, and improved and purpose-built training centres for juniors and adults which were outlined in 1960 have been implemented with the commencement of the construction of purpose-built junior and adult training centres at Chesham.

It will, however, be some years before the full demands for the provision of hostels, sheltered workshops and other facilities can be met; for not merely has the county grown substantially in population since the preparation of the initial development plan, but the provision of new services in itself has led to greater demands and to the uncovering of real, if previously unrecognised, needs.

For these reasons, the opportunity was taken, in 1967, to review the service in order to formulate a general policy which would ensure that the future needs of a rapidly expanding population are met.

2. Review of premises

The review dealt with each of the four health areas and provided a brief outline of the present-premises and of the proposals for the future:—

(a) NORTH BUCKS

(i) *Norrill Hostel*

Opened in 1966, it provides 30 places for the care and rehabilitation of subnormal residents or those who need to be integrated into the community following a period of mental illness. For various reasons, including a trade recession in the area, it has not been possible to place many residents in open employment and this created an increased demand for places at the adjoining adult training centre. It was recommended that, in due course, a hostel should be built on a smallholding to provide training in agriculture and horticulture for which there is a demand in the area.

(ii) *Adult training centre*

This is a purpose-built centre opened in September 1965 but already seriously overcrowded, 58 trainees being accommodated in premises designed for the reception of 45. The placement of some groups of trainees in open industry did not solve the problem of overcrowding and an immediate extension of the building was recommended so as to increase the available places to 95.

(iii) *Junior training centre*

These adapted premises provide accommodation for 40 children and, at the time of the review, 25 children were in regular attendance. The building is basically unsuitable in design, is situated on a main road and moreover is generally unsatisfactory. Replacement is scheduled for the financial year 1970/71 when it is hoped it can be planned in the context of the proposed new city of Milton Keynes.

(iv) *Five-day hostel for children*

This hostel, opened in March 1964, can in theory take 12 children if four are put in each of the three bedrooms. The number accommodated depends, however, on the age, sex and compatibility of the children in the home at any time. Children in the hostel are mentally ill and are trained by the warden who holds an appropriate qualification as a teacher of the mentally handicapped. It was recommended that the hostel should continue its present function at least for the immediate future.

(b) AYLESBURY

(i) *Junior training centre*

These purpose-built premises, which were opened in 1962, contained three classrooms and the building of an additional classroom was commenced during 1967. Present capacity is 40 but 52 children are now attending. This centre, and the centre at High Wycombe, were planned before the publication of the Scott Report which recommended a child to teacher ratio in these centres of 10:1. The erection of a new centre was recommended, to provide 100—120 places.

(ii) *Adult training centre*

These premises are also purpose-built and were opened in January, 1962 to accommodate 24 trainees, extended in 1966 to take 40, and at the time of the review, 46 trainees were attending. Further extension is neither desirable or practicable because of limitation of dining space and other facilities. It was accordingly recommended that the present junior training centre should be adapted to provide additional places for adult trainees.

(iii) *Oaklands hostel*

A purpose-built hostel, opened in 1962 and built on a site adjoining the training centres, provides accommodation for 27 patients, of whom about one-half go out to work. It has been difficult to recruit resident staff for the hostel and usually the warden is the only resident. The hostel provides mid-day meals for the adjoining training centres. Some extension of the kitchen and dining facilities will be required unless the proposed new junior training centre is equipped to produce its own meals.

(iv) *Five-day hostel (Rosebank)*

Accommodation is provided in these adapted premises for 12 children from Mondays to Fridays; on occasion children may be accommodated at weekends and at holiday times.

(v) *Working men's hostel for psychotic patients*

This project is still in the planning stage and, at the time of the review, a suitable site was being sought in or near to Aylesbury.

(c) WYCOMBE

(i) *Training centre, Chesham*

The rented premises which were used to accommodate both adults and juniors are being replaced by purpose-built centres. Fifty junior and 25 adult places will be available.

(ii) *Adult training centre, High Wycombe*

Opened in March 1962, this purpose-built centre was designed for 24 trainees and subsequently extended to take 40. Further extension will be restricted because of site limitation, but additional places will be required during the next ten years.

(iii) *Junior training centre, High Wycombe*

The centre was designed before the Scott Report recommendations were known, to provide 50 places and it was recommended that the building be replaced on a site near to the proposed children's hostel and that the new centre should provide 100—110 places.

(iv) *Children's seven-day hostel*

This project is in the current development programme. It is now proposed that it be built in the High Wycombe area reasonably near to the proposed new junior training centre.

(v) *Meadowlands Hostel*

This hostel which is purpose-built provides accommodation for 20 mentally disordered women and 10 senile confused patients. Difficulty has been experienced in staffing the hostel and there is a waiting list for admission. It was recommended that similar hostel facilities be provided in the Chesham Amersham area in 1969/70.

(d) SOUTH BUCKS

(i) *Junior training centre*

These purpose-built premises, opened in April 1966 at Slough, were designed to provide places for 100 children. At the time of the review 65 places were filled, and it is expected that the centre will be able to meet the demand for places over the next five to ten years.

(ii) *Adult training centre*

This building, previously used as a day nursery in Slough, accommodates 30 trainees. Another 25 trainees from the area attend the workshops provided by the National Society for Mentally Handicapped Children. The latter premises revert to the County Council on termination of a lease and it is proposed they should then be extended, when the present adult training centre will probably become surplus to requirements.

(iii) *Hostel accommodation*

The National Society for Mentally Handicapped Children maintain a hostel in Slough which provides accommodation for 14 male and 14 female severely subnormal patients, the hostel being built on land leased from the County Council. The lease will expire in March, 1970 unless prior notice is given by the voluntary body. It was recommended that the hostel should be reserved for subnormal patients and that a hostel for mentally ill patients should be included in the programme for the area for erection in 1971/72.

3. Review of staffing

(a) TRAINING CENTRES;

Because of the low proportion of staff who are suitably qualified, about 20% of the total, it was recommended that four or five staff should be seconded for training each year over the next few years in order to make some progress towards the making up of the deficit and to prepare for future training centre expansion. In order to improve the status of the centres in the eyes of both parents and staff it was recommended that the junior centres be known as schools and the staff employed there as teachers whilst adult centres should be known as industrial training units and the staff as instructors.

The appointment of a contracts manager was recommended in order to obtain sufficient outwork for the trainees, to negotiate contracts and to act as relief during the prolonged absence of any centre instructor.

(b) HOSTELS

Because of the great difficulty experienced in the recruitment of suitable staff and in anticipation of future problems it was recommended that, where appropriate, staff should be seconded on courses for resident staff. Whilst the post of hostel warden is moderately attractive and occasional applications for appointments of deputy wardens are received, it has been found that recruitment of staff below those grades is almost impossible. In the circumstances the appointment of two deputy hostel wardens or the creation of a post of hostel housekeeper was suggested in order to allow the warden some freedom from administrative work and more time with the residents.

4. Outcome of review

All the recommendations were adopted and, in implementing them, regard will be paid to the need to select sites which are large enough to allow future development and that the buildings are designed so as to allow their adaptation or extension to meet future needs.

Due regard will also be paid to the need to co-relate local health authority and regional hospital board responsibilities and to arrange for reciprocal services wherever this is possible to ensure economy and the fullest possible use of existing services. Such arrangements already exist with local hospitals; patients from the hospital attend the training centres whilst some children too handicapped to benefit from attendance at the training centres are given daily hospital care.

5. Administration and co-operation

Co-operation between the Department and staffs of hospitals continued on a cordial basis and this was helped by the appointment to the County Council's staff, in a part-time capacity, of Dr. I. Shribman, consultant psychiatrist at St. John's Hospital, Stone. Dr. Shribman attends meetings of the Mental Health Sub-Committee and his advice on psychiatric matters is available.

Psychiatric out-patient clinics were held in all four health areas; in addition the consultant psychiatrist in subnormality from Borocourt Hospital held three out-patient clinic sessions each month in Aylesbury and one clinic session each month in Bletchley. These sessions proved a great help to the patients concerned and to the Borocourt Hospital staff since the hospital is some forty miles from the more remote parts of its catchment area. County Council social workers attended these out-patient clinics where the progress of their patients was being considered.

6. Social work staff training

Social work duties have now been integrated and all staff without previous experience as mental welfare officers are given an intensive short course followed by a period of tutelage under the senior mental welfare officer, or other experienced officers, before undertaking statutory duties under the Mental Health Act. In addition, the in-service training course for social workers has continued.

The former monthly case conferences on community care held at St. John's Hospital have been superseded by quarterly meetings at the hospital and area meetings are held in each area at monthly or two-monthly intervals, being attended by hospital staff and social workers. The quarterly conferences were combined with teaching sessions and included lectures on "Grief reactions," "Homeless families", "The problem of drug addiction in the therapeutic community" and "Understanding the schizophrenic."

It is considered that the best means of obtaining information on the current developments and trends connected with care and training, is by attendance at suitable conferences and courses organised by national associations. Members of the administrative medical staff, social workers, training centre and hostel staffs, therefore, attended selected courses and conferences during the year.

7. Training centres

Junior centres provide for those children under sixteen years of age who by reason of a disability of mind are unsuitable for education in school; nevertheless, children attending receive the full benefits of the school health service including periodical medical examinations, which parents are invited to attend. The children attending also received lunches, free milk and transport to and from their homes where required. The centre holidays are the same as those of the schools.

The junior centre curriculum is based on a programme of training towards social competence and eventual entry to adult centres where industrial training is provided under simulated factory conditions. In addition, arrangements are made for some trainees to receive lessons in word recognition, writing and knowledge of numbers, from teachers employed by the County Education Committee.

Training of adults at the centres is aimed towards equipping them to play an increasingly independent part in the community and efforts were made to place as many as possible in employment. To further this aim a scheme was brought into operation whereby small groups of trainees were placed in factories to undertake unskilled repetitive work. One group undertook park-keeping on an estate near to the adult centre, under the supervision of a member of the centre staff.

Payment was made to the trainees for the work completed, the object of the scheme being the eventual transfer of trainees to industry. Unfortunately, selective employment tax had an adverse effect on this scheme.

In addition to the work carried out in factories, outwork was undertaken within the training centres; this allowed the factory managements to have the more repetitive tasks completed without involving their own staff who could then concentrate on more intricate work. This factory work provided invaluable training for those attending the centres; it also provided wage packets which were welcomed both by the trainees and by their parents.

Types of factory outwork undertaken included the packing of motor car spare parts; electrical wiring; packaging of cosmetics; assembly of television aerial brackets, switch boxes and lamp switches; the pressing out of shelf brackets, radio knobs, switch covers; the cleaning of light alloy pressings, casting and plastic mouldings; the making of firework cases; and the assembling of catalogues.

All adult training centres operated a car cleaning service and prepared and sold bundles of firewood. Arrangements were put in hand for the provision of a small printing press in one adult centre.

When industrial outwork was not available the centres undertook craftwork including the making of baskets, brushes, ash-trays, table lamps, plant troughs, plant stands, coffee tables, stools, tablecloths, table napkins, cushions and display cards. Cookery instruction was given at one adult centre and gardening activities were followed in hostel and training centre grounds.

The needs of the trainees were, of course, not fully met by industrial training. They were given social training and some play activity was provided. Sports days, open days, and displays of work were arranged when parents, other relatives and friends of the trainees were invited to attend.

Outings were arranged by staffs of the centres or by voluntary organisations, and these included a day trip to Calais organised by the supervisor of the Bletchley Adult Training Centre. These visits proved of great educational value and contained a large element of social competence training. Other aspects of such training were initiative tests, unsupervised journeys using public transport, use of the telephone and shopping excursions, both supervised and unsupervised. Lessons were given on personal hygiene and appearance, road safety and money values. Discussion groups were organised, speech training given, and instruction provided in football, cricket, netball and tennis.

Most of the centres have enthusiastic and industrious parent/teacher associations and the practical support given to the centre staffs and to the trainees by these bodies was invaluable.

	Junior Centres		Adult Centres		Mixed Centres		Adult Section		TOTAL	
	M	F	M	F	Junior Section M	Section F	M	F	Juniors	Adults
Aylesbury ..	34	15	21	19	—	—	—	—	49	40
Bletchley	16	14	40	18	—	—	—	—	30	58
Chesham	10	10	11	10	10	9	10	9	20	21
High Wycombe ..	25	20	26	15	—	—	—	—	45	41
Slough	39	27	16	19	—	—	—	—	66	35
Slough Workshops	—	—	11*	13*	—	—	—	—	—	24*
TOTALS ..									210	219

*Slough Workshops of the National Society for Mentally Handicapped Children.

No. enrolled 429

These figures show an increase of 25 juniors and 23 adults over the corresponding statistics for 1966.

8. Adult hostels

One new development during the year was the provision of a furnished flat where selected women residents from a nearby hostel lived with the minimum supervision. This provided a means of judging whether they were fully prepared for their return to community life.

In the hostels generally, residents were encouraged to seek recreational activities outside the hostel in the hope that they would have a circle of friends not connected with hostel life when the time came for them to leave the shelter of the hostel. They attended day and evening classes at educational establishments and joined in the activities of social clubs and youth clubs organised by local societies for mentally handicapped children.

Facilities were provided at the hostels for sports and games, but experience has shown that the residents have a dislike of organised activities and prefer to be independent in their choice of leisure activities within the permissive family atmosphere. A television set is provided at each hostel and the younger residents had record-playing sessions. Newspapers and periodicals are available whilst books are obtained from local libraries.

It is accepted that, in order to create the right atmosphere for the widely differing personalities of the residents, some effort must be made to use hostels for the admission of residents falling within certain age groups rather than arranging admissions according to handicap categories. By doing so, facilities suitable to the different age groups can be provided and, whilst this creates administrative problems, the additional effort is considered well worth while.

The majority of mentally ill residents admitted to the hostels during the year were from psychiatric hospitals where they had derived full benefit from their treatment, but still required the shelter provided by hostel life. The hostels really provided a half-way house between hospital and community life, the gradual progression avoiding sudden changes and minimising stresses associated with rehabilitation.

The psychiatric social worker directly concerned with the care of the female residents reported that the continuing advice of the Ministry of Labour helped to remove many difficulties arising in the placement of residents in employment and that personal contact with factory supervisors was a significant factor in preventing small difficulties becoming major issues.

The following table gives an indication of the numbers of residents cared for in adult hostels during 1967:—

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) to National Health Service Hospitals ..	33 (28)	33 (17)	4 (4)	4 (3)	74 (52)
(b) to Local Authority residential accommodation	11 (15)	4 (2)	3 (8)	2 (6)	20 (31)
(c) Elsewhere	— (1)	— (—)	— (—)	1 (—)	1 (1)
Total	44 (44)	37 (19)	7 (12)	7 (9)	95 (84)

9. Permanent care

The number of patients on the waiting list at the end of the year for admission to a psychiatric hospital for the mentally subnormal is given below, corresponding figures for 1966 being shown in parentheses:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) in urgent need of hospital care	23 (25)	14 (1)	11 (5)	— (4)	48 (38)
(b) not in urgent need of hospital care	6 (8)	7 (10)	13 (8)	6 (7)	32 (33)
Total	29 (33)	21 (11)	24 (13)	6 (14)	80 (71)

10. Registered homes

The following private residential homes for mentally disordered persons were, at the end of December, registered by the County Council under the Mental Health Act, 1959:—

<i>Name</i>	<i>Registration</i>
Lynwood, Woburn Sands	6 severely subnormal men
Mount Tabor, Wingrave	7 severely subnormal women and 12 severely subnormal girls
National Society for Mentally Handicapped Children Hostel, Slough	28 severely subnormal men and women

11. Social clubs

These clubs which were attended by residents of the hostels, by trainees from the training centres and by some patients from local hospitals, are usually organised by local societies for mentally handicapped children.

Grants towards the cost of running the clubs which meet weekly were made by the County Council. The clubs played an important part in the provision of social contacts for those attending and were sometimes the first outside contact made by the hostel residents.

12. Buckinghamshire Voluntary Association for Mental Welfare

Mr. H. G. Sackett, Secretary of the Association, submitted the following report on the work of the Association during 1967.

“The Association has given material help to patients whose needs cannot be met from statutory sources and organises transport to enable relatives of patients in Borocourt and Peppard Chest Hospitals to make monthly visits. The arrangements whereby the Association appointed a paid leader for a play group for mentally handicapped children from the Amersham district who were not attending the local training centre has continued. Twelve children aged from three to six years attend three mornings a week in a hired hall. The Association makes a donation to the church which allows its hall to be used for the play group but apart from the leader, all help in the group is on a voluntary basis.

Dr. Diana Bridgford, consultant psychiatrist, Borocourt Hospital, spoke at the annual general meeting on “The fear of mental illness.” The meeting was again held in the junior training centre in Aylesbury during Mental Health Week.

A member of the executive committee has continued to serve as a co-opted member of the County Health Committee.”

13. Statistics

At the end of the year only five cases remained under guardianship.

Details of Hospital admissions (corresponding figures for 1966 are shown in parentheses) are given in the table which follows, from which it will be seen that the number of emergency admissions was much less than half the total for the previous year; this seems to indicate that the benefits to be expected from the integration of the social work services are being realised.

For observation	(Section 25)	..	..	..	..	216	(188)
For treatment	(Section 26)	..	..	..	..	25	(35)
In emergency	(Section 29)	..	..	..	..	18	(49)
By order of court	(Section 60)	..	..	..	..	1	(2)
						260	(274)

14. Preventive psychiatry

Dr. Edith Booth, Dr. C. E. Bagg and Dr. M. Pott report as follows on their work during the year under review:—

(a) DR. EDITH M. BOOTH (Aylesbury)

“ During 1967, as in former years, I held a series of group discussions with health visitors, first at Aylesbury and later at Wolverton. In both groups we covered much new ground and had interesting and worthwhile discussions. For the first time, with the help of the health education section, I used films to illustrate various aspects of mental illness as well as normal child development.

During the past few years innumerable films have been made for health education in this and other countries. Films made for mental health education deal with a wide variety of subjects, including sex education, drug addiction, normal child development, the teaching of handicapped children, mental disorder—to mention a few. They are made for many types of audience, ranging from school children and adolescents, to parents, teachers and doctors. Some of these films are excellent, some are bad, but a film can be a useful aid in stimulating discussion. However, in using films for mental health education there are at least two criteria which should be fulfilled; first the film, both in subject matter and presentation, should be suitable for the audience for which it is shown, i.e. it should be suited to their age and standard of education. Secondly, and even more important, is that someone with considerable experience of the subject dealt with should be present to answer questions, otherwise serious misunderstandings will arise. We do not know how useful are films as an aid to mental health education and there is need for more research on how to choose and present them.

During this year, I have taken part in the in-service training of home helps at Aylesbury and Wolverton. My contribution took the form of a talk on the various manifestations of mental illness which a home help may meet in the course of her work. Each talk was followed by a lively discussion and it must make the home help's work easier and more interesting, when she understands that a patient's sometimes strange conduct or conversation is a symptom of illness. If community care of the mentally handicapped and the mentally ill is to be successful, it demands understanding and tolerance from all who have contact with the patient. The contact of the home help is an important one, and she needs to know, for her own peace of mind, that complaints made by patients are often a symptom of their illness and not directed at her personally. Many home helps seem to know this, others wished to know more about mental disorder, and how best to deal with it.

In the early part of the year, I took part in planning a training course for policewomen and in May, gave them two lectures on juvenile and adolescent delinquency and drug addiction. It is, however, at present uncertain whether their future training will include, what one might call, the “ social work ” approach to their duties, even though there seems to be a need for this.

During the year I have given many talks to mothers' clubs, young wives groups and similar organisations. It is interesting to note that ten years ago the subjects on which I was requested to talk were mainly concerned with infant development and common behaviour problems. It seems that, nowadays, the health visitors meet many requests from mothers, for this rather elementary, but vitally important information. The health visitor is in a unique position to deal with health education as it concerns young children. She is usually the first person to be consulted by the mother who is anxious about her child. As a result of her training in the psychological aspects of child development, she is able to allay unnecessary anxiety, whilst yet recognising those departures from the normal which require expert attention. The subjects on which I have been requested to talk have mainly been the more specialised ones, such as adolescent behaviour, juvenile delinquency, dyslexia and sex education for children and adolescents. About the last

named, there is still a good deal of controversy about when it should be given, by whom, and in what form. Perhaps we should ask the adolescents. Do we, I wonder, talk too much about them and not enough with them?

However, there is one subject about which the public is now seriously concerned and that is drug addiction. It seems that most of those concerned with the young are eager for information on the matter of drugs. Unfortunately, the majority of people do not draw a clear distinction between drug addiction, drug dependence and drug misuse. Many people believe that the effects of all drugs are the same and are bound to lead to serious mental and moral changes in the individual who takes them. It is indeed serious when anybody becomes addicted to drugs, but it is also serious that drugs are so gravely misused. However, we need to realise that there are more drugs available for misuse than ever before. Although both drug addiction and drug misuse are serious, the former is much more so than the latter, although the latter is more prevalent. There is no doubt that although addiction to drugs, dependence on them and misuse of them is increasing generally in all the developed countries, sadly the increase of true drug addiction, i.e. to the hard drugs mainly heroin, is chiefly amongst the adolescent population.

However, the treatment of the subject by mass media, notably by certain sections of the popular press, has been so sensational and emotionally charged, and in many cases so incorrect, that it has roused great and often needless anxiety amongst parents, teachers, youth leaders and, indeed, all who are concerned with the welfare of young people. It would seem that, whilst realising there is a serious problem, well informed people should do all that they can to allay unnecessary parental anxiety roused by the way in which the subject has been presented. Adolescence, in itself, does not lead to drug addiction any more than it does to delinquency. The number of adolescents who are at risk of becoming addicted to drugs is very small and it is the increase in the number of addicts rather than their actual number which gives cause for concern.

The prevention of spread of this potential social menace will need close co-operation between many services, including sociology, medicine, psychiatry and criminology. Close co-operation between doctors, pharmacists and police will be needed. It is to be hoped that we can devise a programme which will be more successful in preventing drug addiction than many campaigns to prevent smoking amongst adolescents have been. Drug addiction and dependence is like alcoholism, a complex problem; we certainly do not have all the answers. Though the number of true drug addicts in this country is still small, it is the rate of increase, and the fact that it is almost entirely confined to adolescents, which make it so potentially serious. There is need for investigation of various methods of preventing the indiscriminate use of drugs by young people. We need the help of teachers as well as the young people themselves, as to how best to present the true facts about addiction and discourage them from starting to take drugs. Here we have a unique opportunity to enlist the help of the adolescents themselves in how best we should warn those adolescents who are 'at risk'.

As far as one can tell there is as yet no serious problem of drug addiction in Buckinghamshire. However, there is evidence of experimentation with drugs by adolescents and certainly there is misuse of drugs by many sections of the community, not only the young. So far as our service of preventive psychiatry in this county is concerned, we can allay unnecessary anxiety amongst parents, teachers, youth leaders and all who are concerned with the welfare of the young. We can best do this by telling them the true facts, as far as they are known, concerning drug addiction, drug dependence and drug misuse. In doing so, we must be aware of that ignorance in ourselves which can beget false confidence in our own ability to cure and prevent dependence on drugs. There is, as yet, no certain way to diagnose drug addiction in a given person, and the young are making capital out of this in two directions. Some conceal the fact that they are taking drugs, others desiring to 'shock the grown-ups,' pretend a familiarity with drugs which they do not have. If we talk to adolescents frankly, factually and without the emotional heat which the subject

arouses (avoiding reference to long haired layabouts and pop stars), it is more than likely that they will help us to find some of the answers. In fact we cannot solve the problem without their help, for they alone can tell us which methods succeed and which fail in making them avoid drugs. There is room for trial of various methods of health education on this subject and probably some methods will succeed with some groups and fail with others.

About this subject there is a good deal of talk, but really we know very little. All we know at present is that adolescence, even at its most normal, is a period of comparative instability. Some adolescents are apt to seek escape from painful reality. Drugs provide one form of escape, and now they have suddenly become readily available. Any measures which increase emotional stability in young people are, in the widest sense, preventive of drug addiction and misuse.

Through the medium of preventive psychiatry we have tried and to some extent succeeded in making adolescence a less stressful event for some. Although we have a long way to go, we have in the past twelve years achieved something."

(b) DR. C. E. BAGG (Chesham)

"During 1967 the weekly session of preventive psychiatry has continued to be used for general psychiatric education of health visitors, and also for assistance to them in the management of the particular cases of emotional disturbance in which they have been concerned in their daily work. The principles underlying the value to the community of psychiatric work by health visitors were outlined in last year's report. During 1967 the extent to which these workers are liable to become involved in psychiatric problems has become increasingly apparent, and arrangements have therefore been made for them to visit St. John's Hospital to gain a direct insight into the management of psychiatric patients in hospital, since patients after their discharge can sometimes derive great benefit from supervision by local authority workers such as health visitors, whose close contact with the community makes such a service practicable. At the weekly session held in the southern part of the county it has been found that there have been few of the commoner forms of psychiatric illness which health visitors of fair experience have not met with in previous years, and they have now gained a clearer retrospective understanding of these earlier problems.

In addition to the health visitors, however, there are various other groups of workers, including those of the voluntary organisations, who stand to gain by a knowledge of this field of work, and during the year arrangements were put in hand for psychiatric advice to be made available to the Samaritan's organisation.

An interesting event held from 1st July to 8th July was the Third Grange School International 6th Form Conference. The two previous conferences had been held in 1964 and 1965 and were concerned with 'Living together', and 'A world in the making.' The conference in 1967 was designed to 'develop still further our understanding of ourselves and the world in which we live.' Speakers from various fields—education, industry, the arts, journalism, etc.—spoke, and it was a pleasure to make the psychiatric contribution. Delegates from France, U.S.A., Greece, Holland, Yugoslavia, Belgium, Germany and Austria, in addition to those from this country and Scotland, attended. It is clear that there is a great value in meetings of this sort held for young people from different countries, and it is to be hoped that similar conferences can be held in the future.

In the summer of 1967 the field of preventive psychiatry in this part of the county suffered a serious loss by the virtual closure of the local school psychological service, necessitated by the lack of appointment of an additional psychologist. The preventive possibilities to be rendered by this service are easy to see. It consists of an advisory service given by an educational psychologist to teachers and parents. The training and experience of someone with this background is essential for the purpose, and the lack of the service in this part of the County must inevitably lead to a decline in the standard of the mental health of a sector of the school population. The following are some of the functions included in the work of the school psychological service:—

(i) The more skilled forms of psychometric testing on the basis of which it is possible to clarify the child's potential, thus for example easing the lot of the dull child of whom too much is expected at school or at home. In some cases comparatively simple testing will suffice, but in others only the expertise of an educational psychologist can meet the diagnostic needs. In itself backwardness may be either a cause or a result of emotional insecurity, and where a psychological disturbance is caused by educational failure the diagnosis and treatment can sometimes be kept entirely within the school.

(ii) Advice to teachers on methods of instruction for individual children, especially for those children with specific disabilities or those who have full capacities in one field accompanied by sub-standard performance in other directions.

(iii) Advice to teachers on the psychological management of children with behaviour problems (thus sometimes averting the need for referral to a child guidance clinic).

(iv) Advice to parents on educational problems.

(v) The giving of vocational guidance to grammar school children, and the examination of educationally subnormal children in their final year with a view to determining their suitability for employment.

(vi) Advising on remedial work in connection with the group of children arriving in grammar schools who need help in making academic adjustment. Some have I.Q.s which are only of border-line standard for the requirements of grammar school education. Those who fail to achieve this adjustment are liable to leave school early. Advice by the educational psychologist about these children is an important function in preventing wastage of intelligence to the country.

(vii) Lectures to teachers on such topics as the values and limitations of psychometric testing, and talks designed to give them further insight into psychological problems in general and into the services available to deal with these matters.

(viii) Lectures to the public, e.g. to parent groups, on the psychological problems of children, particularly with a view to dispelling the ignorance, and therefore fear, about the various forms of special education such as the different types of schools for maladjusted children and educationally subnormal pupils.

(ix) The assessment of the size of various problems in the area, such as the need for remedial teaching and for special school placements. In the absence of a school psychological service not only will help be denied to children known to be in need, but the incidence of the need itself will become progressively less clear to the authorities."

(c) DR. Mildred POTT (Slough)

"The Slough clinic is continuing to see bereaved families when they are referred but the number dealt with at the clinic is not as great as we would like. I am convinced that help given at the time of death is of importance as we see many families in routine clinic work where later difficulties stem from earlier bereavement. We have now been working our crisis consultation service for several years and throughout this time we have attempted both to see the individual families in need of help and to spread a new approach to mourning and death in our area through group discussions with health visitors, social workers, clergy, teachers and parents. The emphasis is on the need to help people mourn and express feelings of grief, guilt, anger and loss, rather than help them cheer up, try to forget, or keep a stiff upper lip. If in the first few weeks there is an understanding ready listener who can tolerate and share various expressions of grief, then the individual and family are likely to be able to function fully after a few weeks. Where this does not happen, some families continue handicapped and not fully functioning for years. Therefore, education of the public at large to enable them to be the supporting listener for families at a time of a death and seeing families ourselves at the clinic are two aspects of our preventive work.

This work should be extended to cover other family crises, such as the birth of a handicapped child, the desertion of the family by one or other parent, an illegitimate pregnancy and so on, but we have not the staff to undertake this and our very limited bereavement service is all that can be done at present for families at a time of crisis.

Discussion groups with professional workers in the area continue to enable those who have their own professional experience and skills, to gain further insight and understanding of emotional development, problems arising from bad relationships in the home and deviations from normal behaviour. Through these group meetings the child guidance clinic is attempting to prevent the long standing psychological difficulties arising and to widen its influence in the community—by working through other social workers.”

SOCIAL WORK

1. General

In-service training for the newly recruited staff and trainees has continued during the year, one group finishing their course in April and another beginning in May. With staff leaving each summer to go on full-time training courses, a pattern is developing of new staff and trainees being appointed in the summer. The group which began in May nearly doubled its size when it started a second term in October as six new staff, who had been appointed in the summer, joined it. It is hoped, in future, to start these courses each autumn so that they will follow more nearly the usual educational year and fit in better with the secondment programme.

The in-service courses follow a regular pattern of weekly day-release and cover much the same ground each year, but each group varies in its needs and the programme for each soon develops an individuality unique to that group. With the integration of services into area units it is no longer necessary to introduce staff to the different features of separate social work sections within the Health and Welfare Department, and this has made it possible to concentrate more on social work practice and to take a wider view of the social services. The help given by staff from other departments, from the statutory services of the Ministry of Social Security and the Ministry of Labour, from local hospitals and by outside lecturers, has been much appreciated. The courses have continued to be held at Green Park Youth Training Centre where, through the kindness of the Chief Education Officer and the director of the Centre and his staff, the groups and their lecturers have been very well cared for.

One special course was held to prepare staff for undertaking statutory responsibilities under the Mental Health Act. Various outside conferences and short courses were attended by senior staff and those who were not on the day release course and included the following:—

Institute of Medical Social Workers summer school.

Course on social change and social work arranged by the Council for Training in Social Work.
Conference organised by the Family Service Unit on "Taking stock of the family in casework."
Conference organised by the Generic Casework Group on "Change and conflict in organisations."

National Association for Mental Health conferences.

One day study on "The handicapped child—towards helping the family in the community,"
arranged by the Paediatric Group of the Institute of Medical Social Workers.

Staff also attended evening seminars arranged by University Extra-mural Departments and some shorter one-day conferences. These courses are a valuable part of continuing staff education, which is as important for senior and qualified workers as for the younger staff. They provide opportunities to tap national resources and cover a range of knowledge which could not be obtained within the county without mounting special courses at considerably more expense. Without this encouragement and stimulus staff might well be exhausted by the demands of heavy case-loads. The staff have been interested enough in their work to use free time, such as weekends and evenings, to go on these courses and, through them, continued learning to give a better service.

The staff supervisors' group has continued to meet to discuss the in-service courses and other training plans with the Social Work Training Officer. It has also spent some sessions on studying subjects of interest to the group, such as problem families, or visiting hospitals and special rehabilitation centres such as Marlborough Lodge, Oxford.

2. Recruitment and Professional Training

The recruitment of qualified staff has remained difficult. The present national shortage of social workers and the highly competitive career market for young graduates and school leavers with suitable educational attainments gives no hope of any change in the situation for some time to come. Recruitment, therefore, cannot be considered separately from professional training both for the social work students coming into the Department for experience and for seconded staff. The most recent figures for the intake of students to Certificate in Social Work courses show that 70% of the 1967 intake were seconded by local authorities and 30% are supported by other means mostly local education authority grants.

As the total intake to two-year courses in 1967 was only 360 in all, it is evident that any major increase in qualified staff must depend on the secondment programme. During 1967 three seconded staff returned from Certificate in Social Work courses and one from the College of Teachers of the Blind course. Seven staff obtained places on professional courses—six on Certificate in Social Work courses and one on the Institute of Medical Social Workers course. Of these, four were seconded and will return in July, 1969 and the other three obtained education grants and can, therefore, choose to go to other employing authorities when their training is finished. A number of young and unqualified staff with some relevant experience, social science and other degrees, or nursing training have been appointed and should do well in getting vacancies on professional courses.

Staff recruited during the year are divided as follows:—

Staff with professional qualifications in social work:	..	..	..	..	..	..	..	..	..	..	..	3
Staff returning from secondment	..	..	..	..	..	..	..	..	..	..	..	3
Staff returning from secondment with the Certificate of the College of Social Workers for the Blind	..	..	..	..	..	..	..	..	..	..	..	1
Staff without professional social work qualifications; but with some relevant experience and other qualifications:	..	..	..	..	..	..	..	..	..	..	..	8
Trainees	..	..	..	..	..	..	..	..	..	..	..	5
												—
												TOTAL .. 20
												—
Resignations:												
Staff with professional qualifications in social work:	..	..	..	..	..	..	..	..	..	..	..	2
Staff with Certificate of the College of the Teachers of the Blind	..	..	..	..	..	..	..	..	..	..	..	2
Staff without professional qualifications but with relevant experience and other qualifications:	..	..	..	..	..	..	..	..	..	..	..	5
												—
												TOTAL .. 9
												—

3. Students

The senior qualified staff have been heavily involved in the training of social work students. Eleven have had students for supervision for periods ranging from two weeks to ten months of the year.

Twenty-one students came from the following courses:—

Certificate in Social Work course at High Wycombe College of Technology and Art:												
For long-term placements:	..	..	..	..	..	..	..	..	..	..	..	10
For short observation placements:	..	..	..	..	..	..	..	..	..	..	..	5
Residential placements:	..	..	..	..	..	..	..	..	..	..	..	2
Institute of Medical Social Workers professional course:	..	..	..	..	..	..	..	..	..	..	..	2
University Social Science courses:	..	..	..	..	..	..	..	..	..	..	..	2
												—
												TOTAL .. 21
												—

Six of these students were seconded by other authorities and the rest were on local education authority grants or other means of support.

The number of students from university social science courses dropped from five in 1966 to two in 1967, because of the demands from professional courses. This is an example of a national trend observed in the survey of field training of social workers undertaken by the National Institute for Social Work Training in 1964. It is regrettable as these students are some of the potential future staff of the Department, but it is inevitable in present circumstances and there is little hope of any improvement here until there are more qualified social workers available with more time to devote to student training.

Ten nursing students from St. John's Hospital spent one or two weeks each in the Department. The Department are also indebted to the staff of St. John's Hospital for arranging visits of observation and short two-day periods of experience for some of the community care social workers.

4. Re-Organisation of Services

The re-organisation of services, started in April, 1966, has continued satisfactorily and the area teams have grown together more in this second year. The pressure of work remains heavy on them, and it would be foolish to suppose that re-organisation by itself can solve all the problems of increased demand for community care services without some increase in resources. An integrated team can give a better service often, as it can look at the problem of the family as a whole and is less likely to divide up different members of the family into separate segments receiving services from separate sections. However, the case-loads of social workers who are carrying this kind of responsibility for a family may well need to be lower than those who are only carrying one member of a family whose total needs may be divided among several workers.. After the initial effort and strangeness of integration and growing together it is natural that a year of consolidation has followed before further advances can be made. But the time is now ripe for advancement if the necessary resources and qualified staff are available.

INSPECTION AND SUPERVISION OF FOOD

(Under the Food and Drugs Act, 1955)

Mr. G. L. Davis, the Chief Inspector, has kindly submitted the following report:—

1. Composition and Quality

1,630 samples of food and drugs were taken for analysis both for composition and the detection of preservatives or other additives at undesirable levels. 456 of these were submitted to the public analyst who commented adversely upon 41 of them. The samples may be classified as follows:—

Almond marzipan, apricot dumplings, baking powders, beans, beer, biscuits, bread, cakes, cheeses, cheese flaps, cheese snacks, cherry syrup, chocolate meringue pie, coffee, cole slaw, cooked meats, cooking chocolate, cooking oil, corn oil, cream, custard powder, dried milk, epsom salts, essences, evaporated milk, fats, fish products, flavourings, flour, fruit juices, gelatine, ground pepper, hazelnut spread, health drink, honey, jams, jelly, macaroni cheese, meat products, milk, milk rolls, milk shake syrup, monosodium glutamate, mutton curry, pastry, pickles, pie fillings, pimentoes, potato croquettes, preserves, prunes, puddings, rice, rose hip syrup, sauces, sausages, sausage meat, scotch eggs, sliced beetroot, sliced pumpernickel, soft drinks, soups, spaghetti, spirits, sweets, tea, tinned fruits, tomato puree, vegetable oil, vegetable oil shortening, assorted vinegars, walnuts, wines and yogurt.

1,135 samples of milk were tested in the Department's laboratory; all but four were genuine or varied slightly from the standard laid down by the Sale of Milk Regulations. Investigation of the unsatisfactory samples confirmed the suspected adulteration.

178 samples were taken at schools under the milk in schools scheme or at hospitals, children's homes and old persons' homes. All were satisfactory.

There were 55 complaints from the public concerning alien matter in food products or their containers. The public analyst examined 16 of these samples; the remaining 39 were dealt with in the Department's laboratory.

There were 11 prosecutions during the year. Three concerned milk to which water had been added and two related to bottles of milk containing broken glass and general dirt respectively. Two loaves of bread contained pieces of metal, one of them being a portion of the blade of the slicing machine. A child's confection contained a brass screw, batter mixture was unfit for human consumption being contaminated with fuel oil, and a pastry contained a housefly. The final case concerned catfish which was being sold as hake.

Pesticide residues in foodstuffs

The Department is participating in a scheme which has as its aim a systematic enquiry into the extent of the contamination of foodstuffs by organo-chlorine, organo-phosphorus and metallic pesticide residues.

Samples of cabbage, canned vegetables, cereals, cucumber, evaporated milk, fresh fruits, infant food, meat products, milk, oatmeal, potatoes, tinned fruits and white bread have been submitted for test and all were found to be free from such contamination.

Liquid egg pasteurisation

There are no egg pasteurisation plants in the administrative county.

2. Testing of Milk under the Food and Drugs Act, 1955 and Milk and Dairies Regulations

Tubercle and Brucella Infection

Bulk milk samples are taken from farms for guinea pig inoculation tests to detect tubercle and brucella abortus infection. The District Medical Officer is informed of positive results so that human consumption of the milk in its raw state may be prevented.

(i) samples of raw milk examined	..	..	204
(ii) cows involved	..	..	6,300
(iii) positive tuberculous samples	..	..	0
(iv) positive brucella samples	..	..	1

The above samples were also tested for the presence of penicillin and this was confirmed in very small quantities in 3 samples. The farmers concerned were warned.

Special Designations

There are now 5 milk pasteurising plants licensed by the County Council (one having closed down during the year) which pasteurise approximately 18,000 gallons daily. 266 samples were taken at the plants; two failed the phosphatase test and one failed the methylene blue test. A creditable record.

All designations of milk are sold in the County; there are 280 licensed dealers. 326 samples have been taken; three samples of untreated milk and two of pasteurised milk failed the methylene blue test. The dealers were warned and subsequent samples were satisfactory.

178 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all were satisfactory. Supplies of untreated milk to one school and one old person's home were also satisfactory.

Specified Area Orders require that only special designations of milk may be sold in Buckinghamshire. 591 visits were made and 770 samples, all satisfactory, were taken.

HOUSING

Housing

The Ministry inaugurated a Five Year Plan of Slum Clearance in 1955 when Housing Authorities were required to submit proposals for dealing with unfit houses within that period. The position in rural areas in Bucks is summarised below:—

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS

Housing Authority	Total number of permanent houses in area at 31.12.55.	Estimated number of unfit houses	ACTION PROPOSED IN FIRST 5 YEARS			Total number of houses demolished or closed from 1st January, 1955—30th September, 1967
			Number of houses to be demolished			
			Individual houses	Houses in clearance areas	Total number of houses to be demolished	
RURAL DISTRICTS						
Amersham	13,000	265	265	—	265	282
Aylesbury	8,681	314	219	95	314	200
Buckingham	2,500	116	14	102	116	146
Eton	12,994	264	15	249	264	433
Newport Pagnell	4,958	188	100	—	100	195
Wing	2,792	126	116	10	126	193
Winslow	2,531	35	20	15	35	79
Wycombe	12,800	430	178	—	178	254
TOTAL ..	60,256	1,738	927	471	1,398	1,782

The Ministry's Progress Reports on New Housing are cumulative as from April, 1945. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1967.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1967

Local Authorities	PERMANENT HOUSING				Total Permanent Houses Completed
	Local Authorities		Private Builders		
	Under Construction	Completed	Under Construction	Completed	
RURAL DISTRICTS					
Amersham	61	2,305	824	6,555	8,860
Aylesbury	50	1,882	167	2,288	4,170
Buckingham	28	458	53	402	860
Eton	54	2,822	229	5,059	7,881
Newport Pagnell	29	728	144	800	1,528
Wing	—	905	78	607	1,512
Winslow	36	535	98	782	1,317
Wycombe	118	2,507	353	7,730	10,237
TOTAL ..	376	12,142	1,946	24,223	36,365

GENERAL

1. Capital building works

Although some progress was made during the year in the implementation of the Council's health and welfare development programme, the restrictions on capital expenditure, and difficulty in acquiring suitable sites, limited the amount of development work undertaken.

(a) WORKS COMPLETED

Aylesbury	Two nurses' houses with garages and district room.
Buckingham	Old Persons' Home, Maids Moreton.
Chalfont St. Giles	One district nurses' flat with garage and district room.
High Wycombe	Extension of existing ambulance station.
	Three houses for district nurses with garages and district room.
Lane End	One house for district nurse with garage and district room.
Penn	Two houses for nurses with garages and district room.
Marlow	Two houses for nurses with garages and district room.
Slough	Day nursery.
	Adaptation and alteration of former junior centre to adult centre.

(b) UNDER CONSTRUCTION

Aylesbury	Additional classroom at Junior Training Centre.
Buckingham	Ambulance Station.
Chesham	Adult Training Centre.
	Junior Training Centre.
	Two houses for district nurses with garages and district room.
Farnham Common	Improvements and alterations at Old Persons' Home.
Great Missenden	Old Persons' Home
Princes Risborough	Old Persons' Home.

2. Nurseries and Child Minders Regulation Act, 1948

Reference has been made in recent years to the increased numbers of children being cared for in premises and by persons registered under this Act. The year 1967 saw a further expansion and no less than 40 new premises were registered during the year, providing places for 1,038 children. Sixty-one child minders newly registered during the year were authorised to receive a total of 594 children.

After adjustment is made for registrations cancelled during the year, the number of premises remaining on the register at 31st December showed an increase of 29% over the number registered at the end of 1966; and the number of daily minders increased by almost 11%. The numbers of places provided rose by 30% and 14.5% respectively.

The following table shows the position at the end of the year, figures for 1966 being given in parentheses:—

	<i>Number Registered</i>	<i>Number of Children</i>
Premises	93 (72)	2,356 (1,812)
Daily Minders . .	133 (120)	1,274 (1,113)

3. Registration of nursing homes—Public Health Act, 1936

Ten registered nursing homes remained in operation at the end of 1967, providing a total of 185 beds. One further home was unable to receive patients at the end of the year because of extensive damage to the building by fire.

Three new homes opened during the year, the certificate of one was surrendered and a change of use in another has occurred so that it is now registered as an old persons' home under the National Assistance Act, 1948.

Appropriate officers visit nursing home premises pending registration, and thereafter at intervals of not more than three months. During these visits special attention is given to the requirements of the Conduct of Nursing Homes Regulations, 1963. In October 1967, the County Health Committee decided that conditions at the nursing homes in the County should not fall below the following minimum standards:—

Bedrooms:—Minimum accommodation to be 80 square feet of available floor space per patient in single or multi-bedded rooms. In maternity homes, 110 square feet in bedrooms where the baby sleeps with his mother. A separate labour ward may be required when the registration is for more than one maternity patient.

Day room accommodation:—25 square feet per ambulant patient is desirable and is essential when the bedrooms are small.

Sanitary accommodation:—Each floor occupied by patients must have at least one lavatory and the scale of the accommodation should provide one lavatory for every eight patients (sanitary accommodation for staff to be provided separately).

Bathrooms:—One for every fifteen patients.

Wash basins:—One in each bedroom with adequate piped hot and cold water.

Sluices:—At least one is essential.

Heating:—The heating system should be such as to maintain a minimum room temperature of 65°F. at all times, or where infants are present, 70°F. The minimum day room temperature should be 70°F.

Fire precautions:—These should comply with the recommendations of the Chief Fire Officer.

Kitchens:—These should comply with the requirements of the food hygiene regulations, and in nursing homes admitting maternity cases there should be a separate milk kitchen.

Medical and dental treatment:—Suitable arrangements, either through the National Health Service or privately, to be made by the applicant for registration.

Call system:—A patient's call system is essential.

Staff:—(i) *Nursing*

A resident State Registered Nurse is essential and a State Registered Nurse must be on the premises at all times. As a general principle, the number of staff with appropriate qualifications should be at the rate of not less than one whole-time equivalent to three patients, and added to this number shall be 15% of the total, to allow for annual leave and sickness. The precise number of staff employed at a home, may, however, be varied according to the category of patient being nursed.

(ii) *Domestic*

Adequate domestic staff must be employed according to the size of the home.

In addition there are general requirements relating to non-slip floor surfaces and rugs, the provision of handrails where necessary, fireguards, structural condition of the premises, supply of food, laundry facilities, disposal of soiled dressings, safe keeping and handling of drugs, and the provision of suitable nursing equipment.

A list of the registered homes follows:—

DISTRICT	NAME AND ADDRESS	DESCRIPTION
AYLESBURY	The Gables, 123 Wendover Road	Maternity.
BEACONSFIELD ..	St. Joseph's, Candlemas Lane	Maternity, Acute Surgical, Minor Surgical, Medical, Convalescent, Aged and Infirm.
BEACONSFIELD ..	Rosslyn, 46 Ledborough Lane	Minor Surgical, Medical, Convalescent, Aged and Infirm.
EMBERTON	West Farm	Maternity.
FARNHAM COMMON ..	Withyfield, Green Lane	Convalescent, Aged and Infirm.
GERRARDS CROSS ..	White House, North Park	Medical, Convalescent, Aged and Infirm.
HIGH WYCOMBE ..	The Grange, Amersham Hill	Maternity (Mother and Baby Home).
SLOUGH	The Nuffield Nursing Home, Wexham Street	Acute Surgical, Minor Surgical, Medical.
*STOKE POGES	Stoke Place	Convalescent, Aged and Infirm.
TYRINGHAM	The Tyringham Clinic and Institute of Natural Healing, Tyringham House ..	Medical, Convalescent.
WOBURN SANDS ..	Oaklands, 60 Station Road	Convalescent, Aged and Infirm.

* Not receiving patients at 31st December 1967 owing to extensive fire damage.

4. Registration of disabled persons' or old persons' homes—National Assistance Act, 1948

At the beginning of the year 25 homes were registered and during the year three further registrations took place. No registrations were cancelled and at 31st December, the 28 homes were providing 488 places for the aged and infirm, 540 for persons suffering from epilepsy and 55 for young adult spastics.

A list of those homes follows:—

ADDRESS	DESCRIPTION
Brook House, Wooburn Green	6 aged persons.
Calverton Lodge, Horsefair Green, Stony Stratford ..	7 aged or infirm persons.
Chalfont Colony, Chalfont St. Peter	540 epileptic persons.
Chilworth, 7 Rectory Avenue, High Wycombe	9 aged or infirm persons.
Dawn House, South Park Crescent, Gerrards Cross ..	12 aged persons.
Fieldhead' Extra Care Club, Bourne End	18 aged or infirm persons.
Gresham House, Weston Road, Olney	14 aged or infirm persons.
Harrias House, Hedgerley Lane, Beaconsfield	25 aged persons.
Hipe House, Moulsoe, Newport Pagnell	4 aged or infirm persons.
Homeleigh, 196 High Street, Aylesbury	8 aged or infirm persons.
Horton, near Slough	37 aged or infirm persons.
Howard House, Vicarage Way, Gerrards Cross	20 aged or infirm persons.
Manor House, Broughton, Newport Pagnell	19 aged or infirm persons.
Ponds, Home for Young Adult Spastics, Seer Green ..	55 cerebral palsy cases.
Prestwood Park House, Prestwood, Great Missenden ..	26 aged persons.
Redlands, Bulstrode Way, Gerrards Cross	6 aged persons.
Rock House, Austenwood Lane, Chalfont St. Peter ..	21 aged persons.
St. Dominics, The Lea, Western Avenue, Denham ..	25 aged persons.
Seven Gables Residential Hotel, Addington, Winslow	12 aged or infirm persons.
Swarthmore, Gerrards Cross	35 aged or infirm persons.
Taplow House, Berry Hill, Taplow, Maidenhead ..	27 aged or infirm persons.
The Steps, London Road, Great Missenden	4 aged or infirm persons.
Tickford Abbey, Newport Pagnell	46 aged or infirm persons.
Trout Hollow, Saunderton, Princes Risborough ..	5 aged or infirm persons (not otherwise handicapped).
Westlands, High Street' Olney	20 aged or infirm persons.
White Plains, Tilehouse Lane, Denham	18 aged persons.
"Wittington," Medmenham, near Marlow	36 aged or infirm persons.
Woodlands Park, Wendover Road, Great Missenden ..	28 aged persons.

SANITARY CIRCUMSTANCES OF THE AREA

1. Water Supply

The Engineer and Manager of the Bucks Water Board has kindly supplied the following information:—

“ During the year, further work has been carried out on the full and final development of the Board's source at Bourne End, near Marlow. The main pumping station has been built and permanent plant has been installed. The Bourne End source represents the second major development of sources since the Board was reformed in 1960, the first development being that of Mill End in High Wycombe.

Good progress has been made throughout the year on the re-equipping of another major chalk source at Pann Mill, in the centre of High Wycombe.

During the year the Board have carried out the greater part of the works necessary to enable them to take a supply of water in bulk from the reservoir of the Great Ouse Water Authority at Ampthill. This water is, in fact, abstracted from the River Ouse by that Authority and treated after storage in Grafham Water. The works of the Bucks Water Board consist principally of a 30" diameter trunk main from Ampthill in Bedfordshire to Woburn Sands and thence, after re-pumping, to a reservoir site near Bow Brickhill. About 15 miles of main have been laid and tested during the last twelve months and will be very shortly brought into commission. A new one million gallon reservoir at Brickhill Copse and a further one million gallon reservoir at Mursley will shortly be commenced.

During the year 43 miles of new mains have been laid and a record number of 3,645 new properties have been connected. Despite the “ freeze and squeeze ” there has been no slackening in the amount of new mainlaying required and new services for development.

There has again been an upward trend in the demand for water and, at the time of writing, the consumption in gallons per head per day has exceeded the figure of 51.1 which was reached in 1964/65, before restrictions were imposed in the summer of 1965.”

2. Fluoridation of Public Water Supplies

The county council agreed in principle in 1963 to the making of arrangements with local water undertakers for the addition of fluoride to water supplies in the county which are deficient in it naturally. This decision has since been re-affirmed and at the end of the year consideration was being given to its implementation.

3. Rural Water Supplies and Sewerage Acts

(a) The Ministry of Housing and Local Government and the County Council continue to make grants towards the cost of approved schemes of piped water supply and main drainage in the rural areas of the county. By December, 1967, the position was as follows:—

63 schemes of water supply submitted and approved (50 schemes completed)	Total estimated cost £1,582,522.
150 main drainage schemes submitted and approved. (128 schemes completed or in progress)	Total estimated cost £7,409,143

The schemes of water supply completed during 1967 were as follows:—

Bucks Water Board	Summerleys Road, Little Horsenden. Longwick. Slatters and Poplar Farms, Oakley. Bryants Bottom, Speen. North Hill, Swanbourne.
-------------------	--

The drainage schemes completed, or in progress, during 1967, were as follows:—

Amersham Rural District Council	Mill Lane, Chalfont St. Giles. Featherbed Lane, Holmer Green. Knotty Green Outfall Sewer. Little Chalfont.
Aylesbury Rural District Council	Rowsham Road, Bierton.
Buckingham Rural District Council	Charndon and Calvert. Shalstone. Westbury.
Eton Rural District Council	Horton and Wraysbury, Stage 2. Stoke Poges and Wexham, Stages 5 and 6.
Wycombe Rural District Council	Lane End and District. Longwick and Meadle.

A further eight drainage schemes and five water supply schemes were submitted and approved during the year and details of these are given below:—

(b) DRAINAGE SCHEMES		<i>Estimated cost</i>
Amersham Rural District Council	Knotty Green, Forty Green and Penn Drainage Scheme.	15,025
	Knotty Green main drainage scheme.	38,526
	Misbourne Valley relief sewer stage 1.	231,873
	Amersham, Little Missenden, Great Missenden, Chartridge, and the Lee drainage scheme.	352,544
	Haddenham and Kingsey main drainage scheme.	218,577
Winslow Rural District Council	Whaddon and Nash main drainage scheme.	115,000
	East Claydon and Botolph Claydon main drainage scheme.	125,000
Wycombe Rural District Council	Kimble, Ellesborough and Terrick main drainage scheme.	199,196
(c) WATER SUPPLY SCHEMES		
Bucks Water Board	Extension of water main at Back Lane, Winslow.	2,890
	Extension of water main at Whitehouse Lane, Wooburn Green	1,734
	Extension of water main at Chilton Grounds Farm, Chilton.	777
	Extension of water main at Warrington Lodge Farm, Warrington.	816
	Extension of water main at King John's Close, Wraysbury.	750

WELFARE SERVICES

WELFARE SERVICES

(National Assistance Act, 1948)

1. Provision of welfare accommodation

One purpose-built old persons' home was opened during the year, although it had been hoped that three homes would have been completed. The new home, Maids Moreton Hall, near Buckingham, admitted the first residents on 13th December. It provides 40 beds and is part purpose-built and part adapted premises acquired from the Ministry of Health. An ambulance station is also provided on the site.

The adapted accommodation at Chilton House was given up during the year and the residents were transferred to Farnham Common House which was purchased from the London Borough of Hillingdon.

Seventeen homes are now directly provided by the County Council, the only serviced accommodation still in use being that provided at Tindal General Hospital, Aylesbury. It is intended that this accommodation, which is for males only, will be given up as soon as circumstances permit.

The delay in the provision of purpose-built homes made the demand for accommodation for the elderly and infirm in need of care and attention even greater than that met previously. At the beginning of the year 432 persons were on the waiting list for admission to old persons' homes; during the year 40 additional beds became available, but at the end of the year 492 persons were awaiting admission.

Details of the admissions to welfare accommodation are as follows, corresponding figures for 1966 being shown in parentheses:

County Council Homes					
Permanent	..	..	240	(261)	
Holiday	..	..	145	(146)	
Periodic	..	..	48	(53)	
Temporary	..	..	9	(19)	
			—		442 (478)
Homes provided by voluntary bodies and other local authorities				55	(44)
				—	
			Total		497 (552)

Arrangements continued whereby some old persons living alone or with relatives who had to be away at work all day, attended old persons' homes as day residents. In most cases this involved the provision of transport to get the old people to and from the homes. The charge for "day residence" is four shillings if the old persons stay in the home for lunch and tea, and three shillings if they leave before tea. In this way many old people can be maintained in their own homes until such time as their permanent admission to welfare accommodation can no longer be delayed.

The average age and disability of residents in the County Council's homes continued to rise, the admission of persons over the age of eighty being the general rule and the admission of those in the early seventies the exception. It would seem that further restrictions, for whatever reasons, of the Council's development programme can only lead to further increases in the average age of the residents and to an extension of the problems such an increase brings with it.

The task of providing proper care and attention for the older and more infirm residents of the homes throws additional burdens on the matrons and staff, and although the staffing establishments of each home were kept under review, and increased whenever necessary, thanks are due to all staff concerned for their unstinted efforts during the year to provide all the care and attention which the old people required.

Much help was given by individual visitors to the homes and by members of voluntary organisations who gave so much of their time to those who, for various reasons, were unable to leave the homes, or to taking out the more ambulant residents.

	MALE	FEMALE	TOTAL
Homes provided by the Council	149 (154)	487 (420)	636 (574)
Serviced accommodation	39 (39)	— (—)	39 (39)
Homes provided by voluntary bodies and other local authorities	85 (83)	112 (130)	197 (235)
	276	599	872 (884)

The number of persons awaiting admission to welfare accommodation at 31st December, was:—

Males	128
Females	364
Total	492

2. Statistics

Of this total of 492 persons on the waiting list, 169 were in the category “when accommodation is available,” 253 were in the category “as soon as possible” and the remaining 70 were in need of immediate admission.

3. Amenities

A League of Friends of The Chestnuts Old Persons' Home in Aylesbury was brought into being during the year with the object of providing entertainment for the old people in that home. This arrangement, which was really a pilot scheme, proved a success and the formation of similar Leagues of Friends for other homes is anticipated.

A trolley shop service continued to be provided in some homes; this appeared to be welcomed and appreciated by all, and particularly by those residents whose age or physical handicap made it difficult, if not impossible, for them to shop in the usual way.

Approval was given during the year to the arranging of holidays for those residents in the homes who cannot manage this on their own or who have no relatives or friends to make the arrangements for them. It is expected that the holidays will be arranged directly or through voluntary bodies.

4. Staffing

At 31st December 276 staff were employed in the homes directly administered by the County Council.

The only changes involving matrons during the year were brought about by internal adjustments. Mrs. N. Craig moved with her residents from Chilton House to Farnham Common House, and Mrs. M. Fletcher was appointed to the post of matron at Maids Moreton Hall. Her place at Swanbourne Manor was taken by Mrs. A. H. Wright.

Unfortunately, the same stable position did not obtain in the sphere of deputy matron appointments, and several posts remained unfilled.

During the year the Williams Committee made its report and recommendations on the staffing of residential homes, and helped to focus attention on the need for a reappraisal of the conditions and training of staff if the residential service is not to run into very serious difficulties in the future.

5. Physiotherapy

The Council's physiotherapist continued to visit twelve of the old persons' homes and provided a total of 4,579 treatments for the residents, an increase of 521 over the total for 1966.

6. Provision of Housing Accommodation for the elderly and infirm by District Councils

The National Assistance Act, 1948, made provisions for local authorities to build homes for old people, and the intention at that time was the building of comparatively small units of accommodation which would serve for fairly active and independent elderly persons.

Of recent years, however, the proportion of elderly people in the population has increased steadily, and local authorities are being required to take more and more infirm persons from the higher age ranges.

In addition to the old persons' homes provided by the County Council, a considerable contribution to the handling of the situation has been made by the district councils providing special accommodation in their housing programmes and, with the assistance of annual grants from the County Council, 13 of the 19 district councils in the county now have such accommodation under the care of a resident warden.

By the end of the year old peoples' accommodation was in operation in the following places, and other buildings were in the course of erection:—

Amersham Rural District Council	Chalfont St. Peter
	Amersham
	Holmer Green
	Prestwood
Aylesbury Rural District Council	Wendover
Beaconsfield Urban District Council	Beaconsfield
Bletchley Urban District Council	Bletchley
Chesham Urban District Council	Chesham
Eton Rural District Council	Burnham
	Hedgerley
High Wycombe Municipal Borough	High Wycombe (5 schemes)
Marlow Urban District Council	Marlow
Newport Pagnell Urban District Council	Newport Pagnell (3 schemes)
Slough Municipal Borough	Slough (4 schemes)
Wing Rural District Council	Wing
Wolverton Urban District Council	Wolverton
Wycombe Rural District Council	Wooburn
	Princes Risborough
	Stokenchurch

In addition to the foregoing, the County Council assists in the housing of old people by making financial grants to housing associations, and at present the four following schemes of housing are operating within the county:—

Abbeyfields Society	Aylesbury
	Amersham
Pennsylvania Fellowship	Penn
Thame and District Housing Association	Waddesdon

7. Guaranteed Rent Scheme

During the year the County Council agreed to increase the rent guarantee given to families admitted to this scheme from fifty to seventy-five per cent of the rent arrears accumulating where families hold tenancies of houses owned by county district councils. The guarantee applies to arrears arising after the particular families have been formally accepted into the scheme and the social workers have begun to visit with a view to helping them to meet their rent commitments regularly and to reduce their arrears. Any payments to district councils in respect of rent arrears are made strictly on the

understanding that, if the families concerned subsequently pay off all their arrears, an appropriate refund is made to the County Council.

At the end of 1967, twelve county district councils were participating in the scheme, these councils being the Municipal Boroughs of Aylesbury and High Wycombe, the Urban Districts of Beaconsfield, Bletchley, Chesham, Marlow and Wolverton, and the Rural Districts of Amersham, Aylesbury, Buckingham, Newport Pagnell and Wing.

At the end of the year rent arrears were being guaranteed to County District Councils in respect of 48 families with a total of 196 children.

8. Liaison with other bodies

(a) CONSULTANT GERIATRICIANS

The Department continued during the year to work in close association with the North West and Oxford Regional Hospital Boards, with the Buckinghamshire Old People's Welfare Committee and with other organisations directly concerned with the welfare of the elderly and infirm.

Dr. H. Caplan, physician in charge of geriatrics at the Windsor Group Hospitals, reported that "my work with the County remained substantially the same as that outlined in last year's report, but I am pleased to inform you that the conversion of Upton Hospital, Slough, is now starting and that we are in the middle of an extensive upgrading programme at St. Mark's with the result that, early in 1969, I hope to have a much more comprehensive in- and out-patient service to offer the area."

Dr. A. W. Hogg, consultant at the High Wycombe and District Hospitals, remarked that "in April the new geriatric admission and rehabilitation unit was opened at Amersham General Hospital. With the opening of these improved facilities an attempt was made to promote liaison between the various workers of the County Council and the health service respectively. This proved to be of benefit in the management of a large sector of the geriatric population who required the support of both authorities in order to maintain social independence."

Dr. Lorna Davies, consultant at the Royal Buckinghamshire and Associated Hospitals, reported that "during the year there was close association between the geriatric units and the Department of Health and Welfare on the problem of the elderly handicapped and on their resettlement and supportive programmes."

It should be emphasised that Dr. Caplan holds a joint appointment with the North West Metropolitan Regional Hospital Board and the County Council, whilst the appointments held by Dr. Hogg and Dr. Davies are joint ones between the Oxford Regional Hospital Board and the Council.

(b) BUCKINGHAMSHIRE OLD PEOPLE'S WELFARE COMMITTEE

This organisation continued its work for the elderly and infirm in the County and Mrs. M. C. Cain, the Secretary, kindly submitted the following report on the year's work:—

"The Buckinghamshire Old People's Welfare Committee continued its function of co-ordinating the work of the local old people's welfare committees and of the old people's clubs in the County. Eight new old people's clubs and a luncheon club were opened and the Committee made donations to assist in the initial expenses of the Club.

Refresher courses were held in Great Missenden and Slough on the work of the old people generally. These were well attended and appreciated by the delegates from the local old people's committees and club leaders.

The chiropody service continued to benefit a large number of elderly people but concern was felt over the difficulties experienced by residents in the outlying areas in travelling to the towns for treatment. We were pleased to learn that two new chiropodists are to be appointed and hope that this will go some way towards easing this problem.

The members of the local committees and the club leaders continued their invaluable work for the old people of the County.

The Committee looked into the question of caring for the gardens of the old and infirm and consulted the National Old People's Welfare Council and the Clerks of all County District Councils in the County.

The National Council considered that it was not possible to take any action on a national level and that it is essentially a local problem. New council housing developments mostly have gardens on the open plan which enables grass to be cut as part of the general maintenance scheme. With the older type of council housing it is usually impossible to get powered machines into the gardens. Most County District Councils rely on voluntary help from Youth Clubs, Scouts, members of the Round Table and other public spirited organisations. All would be glad of a formula for tackling this problem.

Grateful thanks are extended to the statutory officers for their unstinted help in the work of this Committee."

9. Handicapped persons

(a) REGISTER

The County Council as the local welfare authority has a duty to maintain a register of persons who are permanently and substantially handicapped. During the year the names of 1,238 persons were added to the register and of this total 1,202 were in the general category, 30 were persons who were hard of hearing, one a deaf person without speech and five deaf persons who have speech.

The position at the end of the year was as follows:—

<i>Age</i>	<i>Sex</i>	<i>Number of Persons on Register at 31st December</i>				<i>Total</i>
		<i>Deaf with speech</i>	<i>Deaf without speech</i>	<i>Hard of hearing</i>	<i>General classes</i>	
Under 16	M	—	6	28	39	73
	F	2	8	19	33	62
16-29	M	5	27	16	79	127
	F	7	9	1	57	74
30-49	M	10	22	4	125	161
	F	5	17	1	142	165
50-64	M	1	19	14	266	300
	F	7	17	9	251	284
65 or over	M	4	15	5	595	619
	F	4	14	15	1219	1252
Total		45	154	112	2805	3117

Detailed information regarding the persons on the general classes register is given in the table which follows:—

Major Handicaps	Age					Total
	Under 16	16-29	30-49	50-64	65 or over	
1. Amputation	—	2	8	29	83	122
2. Arthritis or rheumatism	1	8	24	114	670	817
3. Congenital malformations or deformities	36	35	15	14	17	117
4. Diseases of digestive and genito urinary systems, of the respiratory system (other than tuberculosis) or the skin	9	6	46	121	499	681
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	7	28	36	38	119	228
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	8	50	130	173	258	619
7. Neuroses, psychoses and other nervous and mental disorders not included in line 6.	2	4	7	16	20	49
8. Tuberculosis (respiratory)	—	—	2	6	6	14
9. Tuberculosis (non-respiratory)	—	—	2	2	4	8
10. Diseases and injuries not specified above	1	2	6	9	132	150
TOTAL ..	64	135	276	522	1808	2805

(b) The blind and partially sighted

At the end of the year there were 886 blind persons on the register, this being an increase of 14 on the figure for 1966. Of that total, 101 were newly registered during the year and 24 were inward transfers from other areas. In all, 119 persons were removed from the register during the year; all but one of these removals were due to death or to the registered blind persons leaving the county, but it is pleasing to be able to report that, in one case, the vision of the person concerned improved to such an extent that the registration could be cancelled.

The following table shows the ages of blind persons in the county at the end of the year:—

Under 5	5-15	16-20	21-29	30-39	40-49	50-59	60-69	70-79
5	19	20	19	26	46	73	111	200

80-89	90 and over	Total
285	82	886

Register of partially sighted

There was quite a considerable increase during 1967 in the number of persons registered as partially sighted, the total being 429 as compared with 386 at the end of 1966.

The age classification of these partially sighted persons was as follows:—

8-8	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
8-8	—	—	24	15	51	59	280	429

Observation register

At the end of December, 14 persons were under observation because it was thought their eye-sight was deteriorating and that registration either as partially sighted or blind persons might become necessary.

Incidence of blindness and of partial sight

Details of the numbers of persons newly registered during 1967 and, of those, the numbers recommended for and receiving treatment, are as follows:—

				<i>Blind</i>	<i>Partially Sighted</i>
(1)	Number of persons registered	..	..	101	92
(2)	Number recommended for treatment	..	..	58	84
(3)	Number receiving treatment	..	..	28	45

Employment

(i) Homeworkers

The scheme for the employment of blind homeworkers in the county continued to be operated by the Royal London Society for the Blind and no difficulties were experienced.

In all, 17 homeworkers were employed as basket makers, machine knitters, hand knitters, leather work assemblers, seagrass workers or music teachers.

With the co-operation of the National Library for the Blind, one braille copyist was included in the homeworkers scheme.

(ii) Workshop employees

At the end of 1967 one female knitter and one male capstan operator from the county were employed in the London workshop of the Royal London Society for the Blind. The Luton workshop of the Association for the General Welfare of the Blind provided employment for one blind man from Bucks, whilst one blind woman from the county was employed as a bedding assistant in the Association's London workshop. One partially sighted male mat-maker was employed in the workshop of the Royal School for the Blind at Leatherhead and a blind basket maker was working in the workshop for the disabled maintained by the County Borough of Portsmouth.

(iii) Other employment

In all, 85 blind persons were in open employment working as:—

Instructor	..	..	..	..	1	Sales representatives, agents, collectors, commercial travellers	..	..	..	1
Solicitor	..	..	..	..	1	Animal husbandry	..	..	..	2
Musician (including music teachers)	..	..	..	..	2	Machine tool operators	..	..	..	12
Proprietors, managers and executive workers in industry	..	..	..	..	2	Fitters and assemblers	..	..	..	3
Principal executive	..	..	..	..	1	Viewers, inspectors and testers	..	..	..	2
Typists, shorthand typists, secretaries	..	..	..	..	6	Boxers, fillers, packers, warehousemen, storekeepers and assistants	..	..	..	10
Clerical workers	..	..	..	..	1	Upholsterers, machinists, mattress makers	..	..	..	4
Telephone operators	..	..	..	..	6	Basket maker	..	..	..	1
Working proprietors, shop managers	..	..	..	..	1	Mat maker	..	..	..	1
Shop assistants, salesman	..	..	..	..	1	Labourers	..	..	..	4
Craftsmen and Production process workers	..	..	..	..	14	Laundrers, dry cleaners	..	..	..	2
Domestic/Canteen workers, cleaners, caretakers, porters	..	..	..	..	5	Miscellaneous workers	..	..	..	2

Placement Service

The placement of suitable blind persons in employment (other than commercial appointments) continued during the year to be undertaken by the Ministry of Labour. The Royal National Institute for the Blind were responsible for the commercial appointments.

The County Council's staff co-operated in this placement service by referring those seeking employment to the appropriate agency and by supplying any relevant information.

Home Teaching Service

Social workers for the blind paid a total of 5,373 visits to the homes of blind persons. This figure is 3,046 less than the total for 1966, the reduction being due in the main to difficulties experienced in the recruitment and retention of appropriate social workers.

A total of 156 visits for instructional purposes were made and of these, 109 were in respect of handicrafts, 10 for Moon teaching and the remaining 37 for Braille teaching. In addition to these instructional visits, social workers for the blind made 5,217 to deal with social welfare of the blind and partially sighted.

The difficulties experienced in previous years in maintaining the service to the blind and partially sighted continued during 1967 when the number of qualified social workers was again much below strength. Voluntary workers and in particular members of the Bucks Association for the Blind were again actively engaged in supporting these social workers in post and in seeing that the effects of the staff shortage were minimised.

General Social Welfare of the Blind

The Buckinghamshire Association for the Blind, which is a voluntary organisation, continued to provide, on an agency basis, for the general social welfare of the blind and partially sighted in the County. The Association, which operates through six divisional committees, is provided with administrative and clerical assistance by the County Council.

The social clubs established at Aylesbury, Buckingham, Chesham, High Wycombe and Slough continued to be well supported and the amenities provided there were appreciated by all the blind and partially sighted people attending. The Association continued the practice of making grants through the divisional committees to cover the provision of clothing, extra fuel and holidays. The talking book service was enjoyed by 95 blind or partially sighted persons and, in 90 cases, the Association met the rental charges.

Fifty-eight blind persons were registered as members of the National Library for the Blind; the supply of braille watches and alarm clocks continued to be made on loan and free of charge to all blind persons over eleven years of age. The Association acted as agents for the British Wireless for the Blind Fund and radios were provided on loan and again free of charge to all blind people who needed them. Headphone attachments for use with these radios were also supplied wherever the need arose.

The provision of concession tickets for the blind by certain public transport undertakings was a service which was greatly appreciated, as were the free issue of a variety of blind aids and of specially adapted games, and the supply of handicraft materials at reduced prices.

Block holiday bookings were made at three seaside hotels and 69 blind and 7 partially sighted people were able to participate. In addition, individual holidays were provided at homes maintained by various organisations for the blind. Day trips to the seaside and to other places of interest were organised.

A stand was provided and staffed by the Association at the Bucks County Show; craft demonstrations by blind persons were a feature of the presentation, whilst a wide range of articles made by the blind were on show for inspection by members of the public. The stand provided an extremely good shop window and as a result many orders for work were taken.

The extension of the Association's wide range of activities undertaken in 1966 continued to be successful during 1967 and receipts from shop sales were double the first year's takings. The shop serves a dual purpose. It provides a guaranteed market for goods made by the blind and so gives them an incentive to produce further supplies as quickly as possible; and it shows the general public what a high standard of workmanship the blind can achieve, demonstrating that a purchase from the blind is wise and not merely sentimental.

(c) The Deaf

The Oxford Diocesan Council for the Deaf continued to be the county council's agents for the care of the deaf.

The objects of the Diocesan Council are to find all the deaf in the counties of Berkshire, Buckinghamshire and Oxfordshire; to provide social centre, suitable recreation and other entertainments; to visit the deaf in their own homes, hospitals and elsewhere, and to give guidance and help to them in any way.

In carrying out these duties, the Diocesan Council's missionaries and lady workers assist the deaf in obtaining employment; they provide interpreters when necessary; they co-operate with the Education Committee in seeing that all deaf children of school age in the area are being educated and they help in providing further education for those handicapped by deafness. Instruction is given as far as practicable to those adult deaf persons whose education had been neglected or retarded through any cause.

There are Friends of the Deaf Associations at Aylesbury and Slough, whilst the social clubs at Aylesbury, High Wycombe and Slough continued their valuable work during the year when five persons who were deaf with speech and one person who was deaf without speech were newly registered as handicapped persons.

Details concerning persons on the county council's registers of handicapped persons on 31st December, 1967, are given in the table which follows:—

<i>Age</i>	<i>Sex</i>	<i>Deaf</i>	<i>Deaf without speech</i>	<i>Hard of hearing</i>	<i>General classes</i>	<i>Total</i>
Under 16	M	—	6	3	25	34
	F	2	8	7	12	29
16-29	M	5	27	11	5	48
	F	7	9	1	—	17
30-49	M	10	22	4	—	36
	F	5	17	1	—	23
50-64	M	1	19	2	12	34
	F	7	17	9	—	33
65 years and over	M	4	15	5	—	24
	F	4	14	15	—	33
Total		45	154	58	54	311

10. Domiciliary Meals

Arrangements continued during the year whereby the Women's Royal Voluntary Service provided domiciliary meals for the housebound in the county, with the exception of the Municipal Borough of Slough. The meals were provided on the recommendation of general medical practitioners, health visitors, district nurses, social workers or hospital medical social workers.

The County Council paid subsidies of one shilling and threepence for each meal supplied on the understanding that the recipients paid one shilling and sixpence per meal.

Difficulty was experienced during the year in meeting the demand for these meals, and in an attempt to overcome the problem of transport, the County Health Committee agreed that, for a trial period, a specially equipped mini-van should be purchased for loan to the Women's Royal Voluntary Service for use in the collection and delivering of meals. If the trial is a success, other similar vans may subsequently be provided.

Despite those difficulties, there was an increase of 11,399 on the numbers of meals provided during 1967 as compared with the previous year, the totals being 92,975 and 81,576 respectively.

Slough Municipal Borough Council provided a total of 25,348 meals to residents of the Borough and received from the County Council an amount of £1,584 5s. 0d. by way of subsidies.

Subsidies amounting to £4,177 8s. 9d. were paid by the County Council to the Women's Royal Voluntary Service who supplied in all 66,795 meals. In addition, the County Council paid to that voluntary body £684 12s. 0d. to help defray the cost of delivery of the meals and loaned equipment valued at £298 10s. 3d.

A further 832 meals were cooked at the County Council's Wing Lodge old persons' home and delivered to the housebound in and around Wing by the Women's Royal Voluntary Service.

11. Protection of Property

During the year, protection continued to be provided for the belongings of people in hospitals or welfare accommodation who were unable to make suitable arrangements themselves.

All such cases were thoroughly investigated, and the persons concerned interviewed and their rights and duties, and possible courses of action, explained in a friendly and informal manner.

Where the person involved was incapable of dealing with his own affairs through mental illness an application was usually made to the Court of Protection for an Order enabling any necessary action to be taken.

If there was no suitable relative or friend willing to act, a member of the staff was normally appointed. At present he is received in 20 cases and applications are pending for his appointment in there further instances.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1967

		Aggregate of Urban Districts												Aggregate of Rural Districts												
Causes of Death	Sex	Under 4 wks.	4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	Under 4 wks.	4 wks.-under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	
ALL CAUSES	M	29	15	11	7	19	19	39	119	248	334	885	1,225	38	10	10	11	27	15	29	102	244	326	458	1,270	
	F	24	11	7	6	9	10	33	67	137	271	567	1,142	23	7	8	6	14	3	22	61	141	254	758	1,299	
1—Tuberculosis, respiratory	M	-	-	-	-	-	-	-	1	2	2	2	7	-	-	-	-	-	-	-	-	3	1	-	4	
	F	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	
2—Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	
3—Syphilitic disease	M	-	-	-	-	-	-	-	1	-	2	2	5	-	-	-	-	-	-	-	-	-	1	2	3	
	F	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
4—Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5—Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6—Meningococcal infections	M	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7—Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8—Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9—Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	1	-	-	1	-	-	-	-	2	-	-	-	1	-	-	-	-	1	1	-	3	
10—Malignant neoplasm, stomach	M	-	-	-	-	-	1	-	2	10	6	6	25	-	-	-	-	-	-	-	2	10	7	7	26	
	F	-	-	-	-	-	-	-	-	4	6	9	19	-	-	-	-	-	-	-	2	6	3	23	34	
11—Malignant neoplasm, lung, bronchus	M	-	-	-	-	-	-	3	19	45	48	13	128	-	-	-	-	-	-	1	7	22	50	17	97	
	F	-	-	-	-	-	-	6	6	6	5	7	24	-	-	-	-	-	1	1	4	7	11	7	31	
12—Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	
	F	-	-	-	-	-	-	3	15	15	16	11	60	-	-	-	-	-	-	1	10	18	14	16	59	
13—Malignant neoplasm, uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	3	1	3	4	2	13	-	-	-	-	2	-	-	-	3	6	6	17	
14—Other malignant and lymphatic neoplasms	M	-	-	-	-	1	3	4	13	27	46	45	139	-	-	1	-	2	4	5	16	29	31	40	128	
	F	-	-	1	2	2	8	17	27	39	44	140	-	-	-	-	-	2	6	11	35	39	38	131	228	
15—Leukaemia, aleukaemia	M	-	-	1	3	2	-	-	1	-	1	2	10	-	-	-	-	1	2	1	1	1	2	2	7	
	F	-	-	-	-	-	-	-	-	1	3	-	4	-	-	-	-	-	-	-	1	1	2	-	4	
16—Diabetes	M	-	-	-	-	-	-	-	-	2	5	3	5	-	-	-	-	1	-	-	-	1	2	1	5	
	F	-	-	-	-	-	-	-	1	5	5	4	15	-	-	-	-	-	1	-	-	-	3	4	8	
17—Vascular lesions of nervous system	M	-	-	-	-	1	-	-	4	24	21	42	92	-	-	-	-	1	1	1	6	24	40	62	135	
	F	-	-	1	-	1	-	1	5	17	32	101	158	-	-	-	-	1	1	-	11	11	46	124	195	
18—Coronary disease, angina	M	-	-	-	-	-	3	12	40	76	94	82	307	-	-	-	-	-	4	8	40	72	81	103	308	
	F	-	-	-	-	-	-	2	3	18	66	107	196	-	-	-	-	-	-	1	4	19	51	153	228	
19—Hypertension with heart disease	M	-	-	-	-	-	-	1	2	6	5	6	20	-	-	-	-	-	-	-	1	2	4	6	13	
	F	-	-	-	-	-	-	-	2	3	6	16	27	-	-	-	-	-	-	-	-	2	5	16	23	
20—Other heart disease	M	-	-	-	-	1	-	-	4	13	23	40	81	-	1	-	-	1	-	2	1	9	19	49	82	
	F	-	-	-	-	-	2	1	3	7	19	80	112	-	-	-	-	-	-	1	2	6	17	114	140	
21—Other circulatory disease	M	-	-	-	-	-	1	3	2	9	11	27	53	-	-	-	-	-	-	1	1	8	15	31	56	
	F	-	-	-	-	-	1	1	1	6	13	33	55	-	-	-	-	1	-	-	-	2	11	58	72	
22—Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
23—Pneumonia	M	2	5	2	1	-	-	-	3	5	15	50	83	2	3	2	2	-	-	1	3	5	22	58	98	
	F	-	2	1	1	-	-	-	2	1	6	15	63	91	3	-	1	-	1	-	1	5	8	79	97	
24—Bronchitis	M	-	-	-	-	-	-	-	-	10	27	26	65	-	-	1	-	-	-	-	1	2	19	14	36	73
	F	-	1	1	-	-	-	-	1	5	5	21	34	-	1	-	-	-	-	2	1	5	4	23	36	
25—Other diseases of respiratory system	M	-	-	-	-	1	1	1	3	1	3	3	13	-	-	-	-	-	-	1	1	4	4	10	20	
	F	-	-	-	-	1	-	2	-	-	3	2	8	-	-	-	-	-	-	1	-	2	3	8	14	
26—Ulcer of stomach and duodenum	M	-	-	-	-	-	-	2	2	2	5	3	14	-	-	-	-	-	1	-	1	3	2	4	11	
	F	-	-	-	-	-	-	-	-	-	7	7	7	-	-	-	-	-	-	-	-	-	-	-	11	
27—Gastritis, enteritis, diarrhoea	M	1	-	-	-	-	-	-	1	3	1	2	8	-	-	-	-	-	-	-	-	1	1	1	3	
	F	-	1	1	-	1	-	-	-	1	4	-	8	-	-	-	-	-	-	-	-	2	1	4	7	
28—Nephritis and nephrosis	M	-	-	-	-	-	-	2	-	1	1	2	6	-	-	-	-	-	-	-	1	2	3	2	8	
	F	-	-	-	-	-	1	-	1	-	2	4	8	-	-	-	-	-	-	-	-	-	1	3	4	
29—Hyperplasia of prostate	M	-	-	-	-	-	-	-	-	-	2	7	9	-	-	-	-	-	-	-	1	-	4	6	11	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
30—Pregnancy, childbirth, abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	1	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	
31—Congenital malformations	M	2	4	2	1	1	-	1	-	-	-	-	11	6	1	1	-	1	-	-	-	2	-	-	11	
	F	2	3	-	-	1	-	-	-	1	-	1	8	5	3	1	1	1	-	-	1	2	2	-	16	
32—Other defined and ill-defined diseases	M	23	1	3	-	2	1	3	4	6	14	17	74	30	1	2	3	1	-	-	3	10	16	18	84	
	F	22	4	1	1	1	1	6	3	7	17	37	100	15	1	3	2	1	1	4	10	8	18	53	116	
33—Motor vehicle accidents	M	-	-	1	1	6	4	5	8	2	2	2	31	-	-	1	3	14	1							

CHILD WELFARE CENTRES

NAME OF CENTRE	SITUATE	DOCTOR ATTENDS
AMERSHAM (NEW TOWN)	Community Centre, Woodside Farm, Woodside Road	Thrice monthly
AMERSHAM (OLD TOWN)	British Legion Hall, Whielden Street	Monthly
ASTON CLINTON	Baptist Church Hall	Do.
AYLESBURY	The Clinic, Pebble Lane	Weekly
AYLESBURY—QUARRENDON	Child Welfare Centre, 1 Lay Road	Weekly
„ SOUTH COURT	Church of the Good Shepherd, Church Square, Southcourt	Twice monthly
„ TRING ROAD	Limes Avenue Baptist Church, Tring Road	Weekly
BEACONSFIELD	The Old Rectory	Monthly
BLETCHLEY	School Clinic, Whalley Drive	Weekly
„	Methodist Church, Bletchley Road	Twice monthly
BOURNE END	The Commnity Centre	Weekly
BRADWELL	The Surgery, 122 Newport Road, New Bradwell	Monthly
BRILL	The Institute	No doctor
BUCKINGHAM	Congregational School Room	Monthly
BURNHAM	British Legion Hall, Gore Road	Twice monthly
„ LENT RISE	Methodist Church Hall, Lent Rise	Do.
CHALFONT ST. GILES	Memorial Hall	Monthly
CHALFONT ST. PETER	Community Centre, Amersham Road	Twice monthly
CHARTRIDGE	Village Hall	Monthly
CHEDDINGTON	Methodist Schoolroom	Monthly
CHESHAM	The School Clinic, Germain Street	Weekly
„ POND PARK	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
DATCHET	Village Hall	Twice monthly
DENHAM	Health Centre, Oxford Road	Thrice monthly
DORNEY	Village Hall	Monthly
DOWNLEY	Memorial Hall	Do.
EDLESBOROUGH	Memorial Hall	Do.
ETON	Eton Church Hall	Monthly
ETON WICK	Village Hall	Twice monthly
FARNHAM COMMON	Village Hall, Victoria Road	Monthly
FARNHAM ROYAL	Village Hall	Twice monthly
FARNHAM ROYAL, BRITWELL ESTATE	Wentworth Avenue, Britwell Estate	Weekly
FLACKWELL HEATH	Community Centre	Weekly
GERRARDS CROSS	Memorial Hall	Monthly
GREAT HAMPDEN	Village Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	Baptist Church Hall	Do.
GRENDON UNDERWOOD	Village Hall	Do.
HADDENHAM	Village Hall	No doctor
HALTON (Voluntary)	R.A.F. Camp, Halton	No doctor
HANSLOPE	Church Institute	Monthly
HAZLEMERE	Penn Road Methodist School Room	Twice monthly
HIGH WYCOMBE	Health Centre, The Rye	Weekly
„ BOOKER	Castlefield Methodist Church Hall	Twice monthly
„ DEEDS GROVE	Methodist Church, Desborough Avenue	Twice monthly
„ MICKLEFIELD	St. Peter's Church Hall	Twice monthly
„ SANDS	War Memorial Hall	Twice monthly
„ TOTTERIDGE	S.t Andrews Church Hall	Twice monthly
„ WEST WYCOMBE	Community Centre	Monthly
„ WYCOMBE MARSH	St. Anne's Church Room	Do.
HOLMER GREEN	Village Centre	Twice monthly
HOLTSPUR	St. Thomas' Church Hall, Holtspur, Beaconsfield	Monthly
HORTON	Champneys Hall	Do.
HUGHENDEN VALLEY	Village Hall	No doctor
IVER	Church Institute, Thorney Lane	Monthly
IVER HEATH	New Village Hall	Twice monthly
IVINGHOE	Youth Hostel	Twice monthly
LACEY GREEN	Village Hall	Monthly
LANE END	Memorial Hall	Twice monthly
LEE COMMON	Ballinger War Memorial Hall	Monthly
LITTLE CHALFONT	Little Chalfont Hall	Twice monthly
LONG CRENDON	Sports Pavilion	Monthly
LOUDWATER	Recreation Hall	Do.
MARLOW	Health Centre, Victoria Road	Weekly
MARLOW BOTTOM	Village Hall	Monthly
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	No doctor

CHILD WELFARE CENTRES—continued

NAME OF CENTRE	SITUATE	DOCTOR ATTENDS
NAPHILL	Memorial Hall	Monthly
NEWPORT PAGNELL	Congregational Schoolroom, High Street	Twice monthly
NEW BEACONSFIELD	Youth Club, Maxwell Road	Monthly
NEWTON LONGVILLE	Methodist Church Schoolroom	Do.
OLNEY	Church Hall, High Street	Twice monthly
PRESTWOOD	Village Hall	Monthly
PRINCES RISBOROUGH	Parish Church Hall	Twice monthly
QUANTON	Memorial Hall	Monthly
RADNAGE	Cricket Pavilion	No doctor
RICHINGS PARK, IVER	St. Leonard's Church Hall, Richings Park	Monthly
ST. LEONARDS-CUM-CHOLESBURY	Village Hall, Cholesbury	Do.
SEER GREEN AND JORDANS	Baptist School Room, Seer Green	Do.
SLOUGH	Health Centre, Burlington Road	Weekly
„ CIPPENHAM	Central Hall, Bower Way	Weekly
„ PARLAUNT PARK	Parlaunt Road	Do.
„ THE MERRYMAKERS HALL	Meadow Road, Langley	Do.
„ ST. MICHAEL'S	Slough Social Centre, Farnham Road	Do.
„ WEXHAM COURT	Wexham Court, Knolton Way, Slough	Do.
STEEPLE CLAYDON	Library Hall	Monthly
STEWKLEY	Village Hall	No Doctor
STOKENCHURCH	Memorial Hall	Monthly
STOKE POGES	Village Hall	Twice monthly
STONE	Village Hall	Monthly
STONY STRATFORD	Scouts Hut	Twice monthly
TWYFORD	Village Hall	Monthly
TYLERS GREEN AND PENN	Parish Room, Tylers Green	Do.
WADDESDON	Village Hall	No doctor
WENDOVER	Memorial Hall	Weekly
WESTON TURVILLE	Union Chapel Hall	Monthly
WHITCHURCH	Methodist Hall	Monthly
WIDMER END	Village Hall	Monthly
WING	Village Hall	Do.
WINGRAVE	Temperance Hall	Do.
WINSLOW	British Legion Hall	Twice monthly
WOBURN SANDS	The Institute	Twice monthly
WOLVERTON	Scouts' Hall	Weekly
WOOBURN GREEN	St. Mary's Hall	Monthly
WRAYSBURY	Village Hall	Do.

MOBILE WELFARE CENTRE

(Doctor attends each session)

MONTHLY SESSION	VILLAGES VISITED
First Monday (afternoon)	Chearsley, Cuddington, Dinton.
Second Monday „	Milton Keynes, Broughton, Moulsoe, Wavendon.
Third Monday „	Great Horwood, Little Horwood, Mursley.
Fourth Monday „	Stoke Hammond, Drayton Parslow, Swanbourne.
First Tuesday (morning)	Bierton.
First Tuesday (afternoon)	Slapton, Ivinghoe Aston, Marsworth.
Second Tuesday (morning)	Tingewick, Gawcott.
Second Tuesday (afternoon)	Castlethorpe, Haversham.
Third Tuesday „	Loughton, Shenley Church End, Shenley Brook End.
Fourth Tuesday „	Longwick, Great Kimble, Butlers Cross.
First Thursday „	Preston Bissett, Charndon, Calvert.
Second Thursday „	Stoke Goldington, Ravenstone, Filgrave.
Fourth Thursday „	Ickford, Worminghall, Oakley.
First Friday (morning)	Nash, Whaddon, Thornborough.
First Friday (afternoon)	Bow Brickhill, Little Brickhill, Great Brickhill.
Second Friday (morning)	Sherington, Lavendon.
Second Friday (afternoon)	Astwood, North Crawley.
Third Friday (morning)	Westbury, Chackmore.
Third Friday (afternoon)	Akeley, Lillingstone.
Fourth Friday (morning)	Adstock, Padbury.
Fourth Friday (afternoon)	Dadford, Maids Moreton.

**SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED
DURING THE YEAR 1967**

DISTRICT	Tuber- culosis		Scarlet fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomy- elitis		Acute Encephal- itis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Infective Hepatitis	Malaria
	Respiratory	Other							Paralytic	Non- paralytic	Infective	Post infectious										
URBAN																						
1. Aylesbury Borough ..	11	1	10	3	-	451	2	-	-	-	-	-	12	-	1	-	-	1	2	-	-	-
2. Beaconsfield ..	2	-	-	4	-	154	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
3. Bletchley ..	6	2	28	24	-	811	-	-	-	-	-	-	7	-	1	-	-	1	3	-	-	-
4. Buckingham Borough ..	-	-	4	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Chesham ..	1	2	2	-	-	353	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	-
6. Eton ..	-	-	1	1	-	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. High Wycombe Borough	20	4	5	-	-	287	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
8. Marlow ..	-	-	-	4	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Newport Pagnell ..	1	-	2	-	-	86	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-
10. Slough Borough ..	27	11	22	12	-	566	5	-	-	-	-	-	2	-	1	-	-	-	1	2	-	-
11. Wolverton ..	2	-	16	-	-	180	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
TOTAL URBAN ..	70	20	90	48	-	2,991	8	-	-	-	-	-	22	-	4	-	-	3	7	3	7	-
RURAL																						
1. Amersham ..	4	-	35	58	-	1,232	14	-	-	-	1	-	6	-	3	-	-	-	31	-	9	-
2. Aylesbury ..	6	-	27	8	-	439	-	1	-	-	-	-	6	-	-	-	1	-	5	-	-	-
3. Buckingham ..	-	-	1	-	-	44	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Eton ..	4	2	19	36	-	555	10	-	-	-	1	3	8	-	32	-	-	-	4	1	-	-
5. Newport Pagnell ..	1	-	8	6	-	197	-	-	-	-	-	1	-	-	-	-	-	-	5	-	-	-
6. Wing ..	1	1	8	5	-	218	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
7. Winslow ..	-	1	4	1	-	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Wycombe ..	6	1	22	3	-	736	3	1	-	-	-	-	5	-	1	-	-	1	12	1	1	-
TOTAL RURAL ..	22	5	124	117	-	3,460	29	2	-	-	2	4	25	-	36	-	1	1	58	2	10	-
TOTAL FOR COUNTY ..	92	25	214	165	-	6,451	37	2	-	-	2	4	47	-	40	-	1	4	65	5	17	-

POPULATIONS, BIRTH AND DEATH RATES FOR THE YEAR 1967

District	Population Census 1961	Registrar-General Estimated Population Mid 1967	Births		Deaths	
			Number	Rate per 1,000 Population	Number	Rate per 1,000 Population
URBAN						
Aylesbury	27,923	35,190	792	22.5	271	7.7
Beaconsfield	10,013	11,720	142	12.1	86	7.3
Bletchley	17,095	24,980	583	23.3	153	6.1
Buckingham	4,379	4,810	77	16.0	36	7.5
Chesham	16,297	19,950	382	19.1	181	9.1
Eton	3,894	5,300	44	8.3	26	4.9
High Wycombe	49,981	55,980	1,123	20.1	480	8.6
Marlow	8,724	10,460	231	22.1	98	9.4
Newport Pagnell	4,743	5,470	103	18.8	100	18.3
Slough	80,781	86,860	1,618	18.6	760	8.8
Wolverton	13,113	13,570	280	20.6	176	13.0
TOTAL URBAN ..	236,943	274,290	5,375	19.6	2,367	8.6
RURAL						
Amersham	56,005	62,840	1,013	16.1	574	9.1
Aylesbury	33,336	36,570	634	17.3	364	10.0
Buckingham	8,479	9,700	135	13.9	97	10.0
Eton	66,932	71,540	980	13.7	648	9.0
Newport Pagnell	14,107	14,890	233	15.6	174	11.7
Wing	9,083	9,760	163	16.7	100	10.2
Winslow	7,939	9,200	170	18.5	133	14.5
Wycombe	51,252	63,680	1,295	20.3	479	7.5
TOTAL RURAL ..	247,151	278,180	4,623	16.6	2,569	9.2
TOTAL COUNTY ..	484,094	552,470	9,998	18.1	4,936	8.9
ENGLAND AND WALES	46,071,604	48,390,800		17.2		11.2

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1958-1967

YEAR	BIRTH RATE per 1,000 population				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births			
	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales	Urban	Rural	County	England and Wales
1958	17.0	17.6	17.3	16.4	9.9	9.8	9.8	11.7	14.7	18.0	16.4	22.5
1959	17.7	17.5	17.6	16.5	9.6	9.7	9.7	11.6	17.1	19.6	18.4	22.0
1960	19.1	18.2	18.6	17.1	9.7	9.7	9.7	11.5	21.1	18.5	19.8	21.7
1961	19.8	17.4	18.6	17.4	9.1	9.6	9.4	12.0	19.0	17.1	18.1	21.4
1962	20.3	18.2	19.2	18.0	9.1	10.1	9.6	11.9	16.5	19.5	17.9	21.4
1963	20.8	17.6	19.2	18.2	9.3	10.5	9.9	12.2	17.7	17.6	17.7	20.9
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0
1965	20.9	18.4	19.6	18.1	8.4	9.3	8.9	11.5	13.2	16.9	14.9	19.0
1966	20.6	17.3	18.9	17.7	8.9	9.5	9.2	11.7	15.0	16.9	15.9	19.0
1967	19.6	16.6	18.1	17.2	8.6	9.2	8.9	11.2	14.7	16.9	15.7	18.3

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

Nursery Schools	..	..	..	..	839
Primary Schools (including nursery classes)					55,835
Secondary Modern Schools	..	..	..		22,498
Selective Secondary Schools		..	..		12,209
Special Schools	..	..	..	..	751
					92,132

MEDICAL EXAMINATION OF SCHOOL CHILDREN

(a) GENERAL

In the past, routine medical examination was carried out on the child's entry to school, during the last year in primary school (usually at ten to eleven years of age), and again during the final year of school life. During the year under review, the first and last of these are continued but arrangements were made for the gradual introduction of a system of selective medical examinations of the intermediate group. The main advantages of the scheme are that:—

- (i) healthy children are not examined needlessly;
- (ii) school doctors can devote more time to those children who need to be examined;
- (iii) greater opportunities are provided for teachers to discuss the health and well-being of the children with the school doctor.

Under these arrangements parents of children in the intermediate group are asked to complete a simple medical questionnaire; the school doctor then visits the school to discuss with the teacher the children's progress and to decide which of the pupils require medical examination. Parents, teachers and school nurses are encouraged to refer children to the school doctor if they think there is some doubt about their health and parents are invited to be present when the examinations are carried out.

Arrangements were also made during the year for school doctors to visit their schools, whenever possible, at least once a term; previously the pattern was for annual visits only. The additional visits allowed the school doctors an opportunity of becoming well-known to both teaching staff and pupils.

The first medical examination at school is, perhaps, the most important; the parent is invited to be present and care is taken to ensure that a full history of the child's pre-school progress and present condition is available. In this particular connection, great benefit accrues when the school doctor also undertakes duties at the local child health clinic. It is helpful to the child to be examined by a doctor who is known to him and the doctor is helped by his continuing personal knowledge of the child and his family.

The school doctor and the health visitor provide a valuable link between the clinic and the infant school, this being particularly the case when a handicapped child is ready for admission to school.

A total of 24,478 children received routine medical examinations, this figure being 1,074 less than the corresponding total for 1966. Of these children, only 15 were found to be in an unsatisfactory condition.

The following table shows the number of children receiving routine medical examinations each year since 1958 and the percentage found to have defects requiring treatment. The introduction of selective examinations will, it is expected, lead to a gradual reduction in the annual totals of children examined and to a corresponding rise in the percentage of children found to need treatment.

<i>Year</i>	<i>Total School Population</i>	<i>Total No. of children examined</i>	<i>% of children with defects requiring treatment</i>
1955	57,658	14,566	7.1
1956	60,628	16,203	9.8
1957	63,779	17,951	8.8
1958	67,033	17,531	10.0
1959	69,901	19,902	9.3
1960	73,017	19,516	10.8
1961	75,794	23,734	9.7
1962	77,429	22,802	8.7
1963	80,833	24,860	10.6
1964	82,285	26,111	11.3
1965	84,024	22,284	10.2
1966	87,831	25,552	10.5

In addition to the periodic medical examinations, school medical officers also carried out 1,671 special examinations and 4,392 re-examinations. The special examinations were undertaken at the request of parents, teachers, or school nurses whilst the re-examinations were of children who, on previous examinations, had been found to have defects which, although not requiring treatment, needed to be kept under observation.

Dr. A. W. Pringle, Divisional School Medical Officer for the Aylesbury Division, reported as follows:—

“All schools in Aylesbury Borough were visited each term by their school medical officer. On each occasion some routine examinations were done followed by discussion with the staff and examination, when necessary, of any pupils whose physical or emotional health was a source of concern.

Although these more frequent visits have put an additional strain on full school curricula, the opportunity of discussing the health of individual pupils with the school medical officer has been appreciated by the staffs and has also helped the doctor to become more integrated with the schools. It has been rightly pointed out by one headmaster of a secondary modern school that nowadays many more activities are arranged outside the school and that these must be planned well in advance. Clearly, the doctors' more frequent visits must also be planned well in advance if they are not going to disrupt the schools programme.”

Dr. P. Lavis, Divisional School Medical Officer for the North Bucks/Buckingham/Winslow Division, comments:—

“A policy enabling school medical officers to make more frequent visits to schools has now been implemented and, where schools are large enough, visits take place at least once each term and in many cases much more often than this. This enables problems to be put forward by the head teachers as they arise and renders the school doctor's role a more effective one. It also makes it possible for those children whose parents are not prepared to arrange for them to attend their general medical practitioner and child health clinic to be given immunisation courses as well as booster doses at school. This has resulted in a substantial number of children being given adequate protection against poliomyelitis and other infectious diseases who would not otherwise have received it.

The immigrant group, mainly Italian, in Bletchley and also children from certain other groups have benefited particularly from this approach, both in the detection of conditions requiring medical attention and in the achievement of a more satisfactory state of immunity against preventable infectious diseases. Relevant questionnaires and consent forms have been printed in Italian and the work with this group who show a much higher prevalence of remedial defects than the indigenous population has proved most rewarding.”

(b) MEDICAL CONSULTATION SERVICE—AYLESBURY COLLEGE OF FURTHER EDUCATION

Arrangements were made to provide a medical consultation service at this college of further education and Dr. R. L. Walmsley, School Medical Officer, has submitted the following report:—

“ The service to students at the college provided a necessary gap-filler and was well used, especially after the commencement of the academic year in September, 1967.

The rest room was the venue for consultations which covered a great range of medical and social problems, from a lacerated little finger to sexual problems, and from requests for amphetamines to severe emotional disturbances.

It was found that on a number of occasions a student asked for advice about a very minor physical condition and then, at a later date, made a similar request regarding a deeper problem.

Up to June, 1967, a total of 14 students had been seen with a total attendance of 34: students came forward because of dysmenorrhoea, pregnancy, requests for drugs, duodenal ulcer, query fractured clavicle and instability. During the second half of the year 45 students used the service making in all 69 individual attendances.”

FINDINGS AT MEDICAL EXAMINATIONS

Comprehensive details relating to the defects found at periodic special aid re-examinations which required either treatment or observation are given in Table (XI) on page (124).

The most common defects found were:—

(i) *Eye defects*

In all, 1,191 children examined were recommended for treatment because of visual defects, squint or other eye conditions; in addition, 890 were recommended for observation only.

There was a drop in the number of children examined on entry to school who were found to require treatment because of squint, the total of 62 being 22 less than that for 1966. Only 6 school leavers, 20 in other groups and 33 examined at special inspections had squint requiring treatment and it seems that this condition is being detected at an age when it is most likely to be amenable to treatment.

School children may be referred to hospitals or to opticians for treatment and during the year 2,096 children were dealt with because of errors of refraction including squint. Another 549 children were treated because of external and other eye defects.

Spectacles were prescribed for 1,224 school children.

(ii) *Hearing defects*

Of the children examined, 409 had defects of the ear requiring treatment and a further 1,173 had defects which, although not requiring treatment, needed to be kept under observation.

Of those children recommended for treatment because of defective hearing, 91 were school entrants, 37 in the school leaver group, 43 in other groups, whilst 171 were examined at special inspections. This again suggests that these defects, which if undetected can have deleterious effects of the child's career, are being discovered at the age when treatment is most likely to be successful.

Comment was made in the report for 1966 regarding the number of children who were found to be suffering from infection of the middle ear. During that year 50 children were referred for treatment because of that condition. The total for 1967 was 41, of whom 23 were school entrants and 4 school leavers.

No formal system of routine audiometric tests is yet in operation in the county but steps were taken with a view to the introduction of these tests as quickly as possible. Selective examinations were carried out by health visitors, trained in the use of pure tone audiometers, on children who were thought to be suffering from a hearing loss or who were experiencing difficulties which might be associated with hearing impairment. Generally, these children were referred by teachers and parents and, in all, 1,045 audiometric tests were carried out.

Those children whose responses to the audiometric tests were unsatisfactory or doubtful were referred to the school medical officer for more detailed examination and, if necessary, for consultant examination through the family doctor.

Early diagnosis is essential for the successful treatment of any child whose hearing is defective and, with this in mind, health visitors, trained to test the hearing of infants and young children, carried out tests during the year on children of pre-school age, particular attention being paid to the child where there was a known risk of deafness.

All pupils thought to be deaf or having only partial hearing were referred to otologists for investigation.

Three units for partially hearing pupils were in use during 1967. A peripatetic teacher of the deaf was appointed and she helped pupils in ordinary schools and worked in close co-operation with a teacher of the deaf employed by hospitals in that part of the county which is in the catchment area of the Oxford Regional Hospital Board. This teacher of the deaf gave auditory training in their own homes to partially hearing children prior to admission to school.

Speech training units were purchased on the recommendation of consultants for issue on loan to children who were considered likely to benefit from them. Commercial type hearing aids were purchased on the recommendation of consultants.

An audiometrician was appointed and took up her part-time duties in November.

(iii) *Speech defects*

There was an increase in the number of school children examined at periodic, special and re-examinations who were found to require treatment because of speech defects, the total being 303 compared with 274 in 1966. Children found to require treatment were referred to the speech therapists.

In all a total of 1,111 children received speech therapy because of stammering, articulation, language difficulty and neurological problems.

Staffing difficulties were experienced during the year; in the North Bucks area the full-time speech therapist resigned her appointment to take a hospital post and the part-time therapist was then trying to cover as much of the area as possible in six sessions per week. In practice this meant that only those children who live in Bletchley were being treated. One full-time therapist working in the Aylesbury division also resigned in November and, at the end of the year, a replacement had not been recruited.

A speech therapist attended the Cerebral Palsy Unit in Slough where children with disorders of language, articulation, phonation, breathing and rhythm had individual treatment. Some children attending the unit were given special help with feeding because they have particular difficulty in swallowing and drinking.

(iv) *Lung defects*

In all 109 children were referred for treatment because of defects of their lungs, the corresponding figure for 1966 being 91.

Five school children were notified during the year as suffering from respiratory and three children from non-respiratory tuberculosis.

These children were referred to the chest clinics for treatment and, in this connection, the co-operation and help extended to the department by the consultant staff of the Oxford and North West Metropolitan Regional Hospital Boards in tracing and examining contacts of tuberculous patients was appreciated.

Dr. J. P. Hutchby, Deputy Divisional School Medical Officer in North Bucks, kindly submitted the following report about an outbreak of tuberculosis in the Holne Chase junior school:—

“ A case of primary tuberculosis occurred in a school child aged ten years in March, 1967. Heaf testing of all children in her school was carried out and all positive reactors were referred to the chest clinics.

In an attempt to trace the source of infection, chest X-rays were carried out on all the teachers concerned and also on all other staff at the school. These X-rays were found to be negative. Questioning of the school children infected who were attending the chest clinic led to a driver of one of the school 'buses being examined. He was found to have infectious tuberculosis and he agreed not to drive the school 'buses when requested to do so by the chest consultant.

Having regard to the period of time which elapsed between notification of the first case and the tracing of the source of infection, all children who had been in contact with the driver at the school were Heaf tested a second time at the chest consultant's request. Only one child was found to have converted to Heaf positive after giving a negative reaction to the first test. This child received appropriate treatment as a hospital out-patient.

All drivers of 'buses serving this particular school were given appointments to be checked and have X-ray examinations. As an additional precaution all other firms providing transport for Bletchley school children were asked to help in ensuring that all their drivers received a chest X-ray at one of the mass radiography units. One firm refused to co-operate despite a personal approach to the proprietor; he indicated that he would only agree if X-ray examination of the chest was made compulsory.

Appropriate steps are being taken to minimise the risk of children being in contact with tuberculous persons whilst attending school."

(v) *Orthopaedic defects*

Of the school children examined, 77 were found to have postural defects requiring treatment, whilst another 85 had defects which, although not requiring treatment, needed to be kept under observation. Of those with postural defects requiring treatment 13 were entrants, 13 in the intermediate group and the others were in the leaver group.

Remedial classes were held in the Slough division and the remedial gymnast reported on his work as follows:—

Summary

Total number of schools visited	..	..	..	..	..	..	39
Total number of cases treated	..	..	..	..	..	..	407
Total number of new cases referred	..	..	..	..	..	..	112
Total number of cases discharged or who have left school or the district	..	..	..	..	..	..	117

Details of cases on the register

Those treated for spinal and postural defects	..	..	..	..	..	74
Those treated for foot defects	..	..	..	..	..	264
Those treated for asthma and chest conditions	..	..	..	..	..	47
Those treated for knee defects	..	..	..	..	..	17
Those treated for neurological symptoms	..	..	..	..	..	5

In addition there are some 12 children being treated by the staff at the following schools—Slough High School, Langley Grammar School and Slough Technical High School.

The main observation from the above figures is the increase in the number of schools where children require treatment which has caused some difficulty in time-table planning. The increase in the overall number of children requiring treatment has been amongst the secondary school group. It has been impossible to get to all 39 schools regularly each week and so the time-table has had to be adapted and monthly visits arranged to four of the secondary schools.

The number of children in each class has again been six on the average but often as many as 10, which is too many for good results; this was so at the Park Day School, where it has been necessary to stop one of the senior classes in order to include the five children who had been on the waiting list for a term.

There were less children being treated for asthma and chest conditions again and many of these have responded well to the system introduced last year, of a gradual reduction of supervision.

Although 56 of the parents accepted invitation to come to discuss their children's difficulties with the remedial gymnast, it would be better if more were able to do so. Co-operation from head teachers has been most gratifying and the support given by the school matrons in secondary schools has been of great assistance.

A total of 253 children who were examined at periodic or special examinations were referred for treatment because of defects of the feet. Another 241 children examined had foot defects which required to be kept under observation.

With regard to the treatment of defects of the feet, Mr. D. Idris-Evans, County Chiropodist, reports as follows:—

“ Treatment for verruca pedis continued to be available in secondary schools in the Amersham, Chesham, High Wycombe and Slough areas. Schools were selected having regard to the incidence of verruca and the availability of staff. In this connection, a senior chiropodist resigned her appointment in February and, although it was possible to recruit 3 part-time chiropodists who visited schools on a sessional basis, a full-time replacement was not found until late in the year. The opportunity was then taken to provide treatment in some of the Aylesbury schools.

Under the scheme for the treatment of verruca, chiropodists visit the schools weekly and, where it is confirmed that a child has a verruca, the offer of treatment at the school is made to the parents. The majority of parents concerned accept the offer.

From the chiropodists' point of view, working in schools is not as satisfactory as working in clinics; nevertheless, with the close co-operation of school heads and matrons, visiting the schools ensures continuity of treatment with the minimal loss of school time. In all a total of 3,174 treatments were given.

Generally the evidence of verruca in school children is within reasonable bounds; this is not, however, the case with regard to general foot deformities. There is no doubt that the great majority of foot conditions begin in childhood and that evidence of future defects can be seen at an early age. If irregularities are detected at the right age, satisfactory correction can invariably be achieved by simple padding and splinting. Hammer, mallet, over-lapping and burrowing toes can usually be corrected adequately.

The young foot is being damaged by badly fitting shoes and socks, stretch socks being particularly bad. In many cases it is found on questioning that many parents do not accompany their children when shoes are purchased or give in to their children's demands for “ fashion shoes.” The number of shoes being purchased by mail order is disturbing.

It is of the greatest importance that children and parents be educated on the questions of foot hygiene, shoe fitting and general foot health and advised as to the need for the wearing of the correct footwear for the occasion. Talks were given during the year to groups of mothers and in one secondary school on the subject of “ Care of the feet.”

It is becoming increasingly apparent that the school chiropody service must be extended to allow it to become an integral part of the school health service.

When the second full-time chiropodists took up her duties towards the end of the year, a chiropody service was offered at five schools in the Aylesbury division, these being the Quarrendon and Grange Secondary Schools, and the Aylesbury High, Technical High and Grammar Schools. The referrals were made either by members of the staff of the schools or the school medical officers and, as a result, 20 boys and 25 girls received a total of 144 treatments.

A survey was undertaken in the Eton division in order to ascertain the number of school children suffering from verrucae. One hundred and fifty seven children in attendance at schools in the division were found to be in need of treatment.”

Cerebral palsy unit, Slough

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows on the work undertaken at the unit:—

“ Of the 20 children attending the centre, five received full-time education, two pre-school education and special training according to their needs, while seven were appropriately placed in the nursery or care section. In addition to those attending daily, six children came in for out-patient physiotherapy from time to time.

Of the 24 children who attended regularly during the year, one was eventually transferred to a day physically handicapped school in Hounslow, two went to a local school for the educationally subnormal, two are now attending primary schools, one is going to a local nursery school, and one to the junior training centre in Tuns Lane. One further child is now in a residential school run by the Spastics Society. In addition, the centre was able to assist two children from Berkshire during the year.

As the name of the centre implies, all children have a physical handicap of some degree but seven of the children have reduced intellectual ability, seven have problems of speech and language and two have hearing loss sufficient to warrant special aids. One child has emotional problems and another has a specific learning difficulty.

Once again, tribute must be paid to the generous and sympathetic assistance given by the head teachers and staff of other schools to whom children from this centre have gone, either on a full or part-time basis. The encouragement obtained by the mixing of physically handicapped children and those in normal schools is usually very great. In this connection, the attendance of pupils from Woodside County Secondary School one half-day each week not only gives assistance to the centre but allows the helpers to gain increased self-confidence and maturity. Children from the centre have also enjoyed joining with the Park School in music appreciation demonstrations.

An electric typewriter has proved valuable for those physically unable to use normal methods of writing and a lustraphone has helped a child whose severely impaired vocalisation and articulation has obviously rendered his attempts at speech virtually meaningless.

Physiotherapy, horse riding and swimming have continued to play their valuable parts and two children have had orthopaedic operations during the year.

The provision of calipers has made a great deal of difference to children who previously have been unable to walk or to retain a vertical position for any length of time and a new lightweight full-length bilateral caliper has been introduced with the full approval of the Ministry of Health. This improvement resulted from observation of a prosthesis imported from the United States and full co-operation by Ministry officers enabled production of a similar appliance to be made in this country.

No report would be complete without paying tribute to the work of the physiotherapist and the speech therapist, whose wide experience is of great value to such a unit. In addition to this, the centre would only be performing in a very inefficient manner, were it not for the headmaster and teaching staff, the nursery staff and the handyman who adapts furniture as well as to those whose work has been specifically mentioned earlier in the report."

(d) HANDICAPPED PUPILS

Dr. Patricia Herdman, Principal Medical Officer, has submitted the following report:—

"In the Handicapped Pupils Regulations, 1953, 10 categories of handicapped pupils are defined. There are pupils who either blind, partially-sighted, deaf, partially-hearing, physically handicapped, delicate, maladjusted, educationally subnormal, epileptic or with severe speech defects. The general position at the end of the year was that;

Blind. One girl newly ascertained as blind had been placed in a special school; 14 blind children were receiving special education.

Partially-sighted Of the 13 partially-sighted pupils; none was newly ascertained.

Deaf. Twenty five deaf pupils in the county were receiving special educational treatment; two of these were newly ascertained and provided with suitable education.

Partially-hearing: Of the 53 partially-hearing pupils, two were newly ascertained and three were newly provided with suitable education: one boy was waiting placement in a boarding school.

Physically handicapped: Eleven of the total cost of 136 physically handicapped pupils, were newly ascertained; seven boys and two girls were awaiting admission to a special school.

Delicate: Forty one children ascertained as delicate; eight were newly ascertained and seven were newly placed in residential schools.

Maladjusted: Of the 153 maladjusted pupils twenty-three were newly ascertained and eight boys were awaiting placement in residential special schools at the end of the year. Naturally, schools are unlikely to have immediate vacancies for children of 13 or 14 years of age. Sometimes pupils do not present symptoms sufficient to warrant investigation until this age, but it is likely that on many occasions the decision regarding special school could have been made sooner. The earlier the diagnosis is made and the parents' co-operation obtained the better is the chance that the child will be admitted to a special school and stay there for a period long enough for the best effect to be obtained.

Educationally subnormal: This is numerically the largest group. *There are* 1,010 pupils ascertained as educationally subnormal, 168 newly ascertained this year and 152 were newly placed in special schools. *There are* still 253 pupils awaiting admission to special schools but the situation will be eased to some extent when the new school at Amersham opens during 1968.

This year consideration has been given to the transfer of children from special schools for the educationally subnormal to training centres and vice versa. A gap in the facilities available may exist in that it is becoming apparent that children who are too clever for the training centre find it difficult to cope when they reach the school for the educationally subnormal. This matter is being looked into. Also, there is no special school provision as yet in the county for educationally subnormal children of infant school age. Earlier, the need for this accommodation was not as apparent as it is today, where a retarded child can fail in a class of 40 children whereas smaller entrant classes at school would enable the child to adapt with less difficulty and be less frustrated and demanding. It is hoped to provide infant classes at some of the educationally subnormal schools.

In order to ease the transfer from training centre to a school for the educationally subnormal, a weaning process has been introduced whereby the pupil to be transferred visits the school for half or a whole day on a number of occasions before the actual transfer takes place.

At the time of writing, it has been agreed that in future training centres shall be referred to as schools.

Epileptic. Two of the 16 epileptic pupils were newly ascertained and found to require educational treatment. Epileptic fits in the majority of children are controlled by appropriate therapy. Those children who require special education usually have some concurrent social or behaviour problem which requires treatment and guidance not available in ordinary schools.

Speech defects. One child had been ascertained as handicapped with a severe speech defect requiring special educational treatment. He was awaiting admission to a special school.

Acknowledgement. The happy relationship which exists between our colleagues in the education and children's departments and the staff of the department of health and welfare continued during the year. This co-operation is of great value in our dealings with the handicapped pupils in the county."

CHILD GUIDANCE

A total of 976 school children were treated during 1967 at the child guidance clinics in Bletchley, Aylesbury, Chesham, High Wycombe and Slough.

Reference to the work carried out at these clinics is made in that section of the report dealing with local health authority services but it is intended that a detailed report about this particular aspect of the school health service will be made next year.

HEALTH EDUCATION

The staff of the health education section undertook 768 sessions at schools and, as in previous years, a very wide range of topics was dealt with, in a variety of ways.

The bulk of the teaching continued to be on the extremely important subject of oral hygiene and, through the combined efforts of dental and health education staff, well over 20,000 children were given a sound appreciation of the need for regular care of the teeth. To obtain the maximum impact, in addition to the wide use of visual aids, the teaching sessions are usually linked with the visits of the schools' dentists.

In the primary schools, apart from oral hygiene, the education of the children on subjects allied to health is still carried out by the teachers themselves. This is basically the encouragement of good habits and the teaching of simple facts. When more specialised subjects, such as early advice as to the dangers to health from cigarette smoking, are undertaken the school health visitor and specialist health education staff are called in.

Health education in the senior schools varies considerably and, as one would naturally expect, is determined by the head teacher. Many schools have their own staff members with special interests in this direction and therefore they plan their own programmes. Other schools, particularly the grammar schools, call upon the department when they require talks of a specialist nature, such as about venereal diseases, drugs and health, and human reproduction.

It is in the county secondary schools that the demand is increasing and taking many interesting forms. In one such school a series of group discussions were held amongst the students linked with a television series on subjects such as puberty, childbirth and unmarried mothers, whilst another school, with the help of the Area Health Education Organiser, arranged an excellent Health Week incorporating exhibits, talks and film shows on many topics. More and more such schools are appreciating the value of having a series of lectures on subjects which might be given the collective heading of "Growing Up." Some 20 schools are now having such a programme as a routine measure and the talks and discussions are conducted by medical officers, health visitors and health education staff.

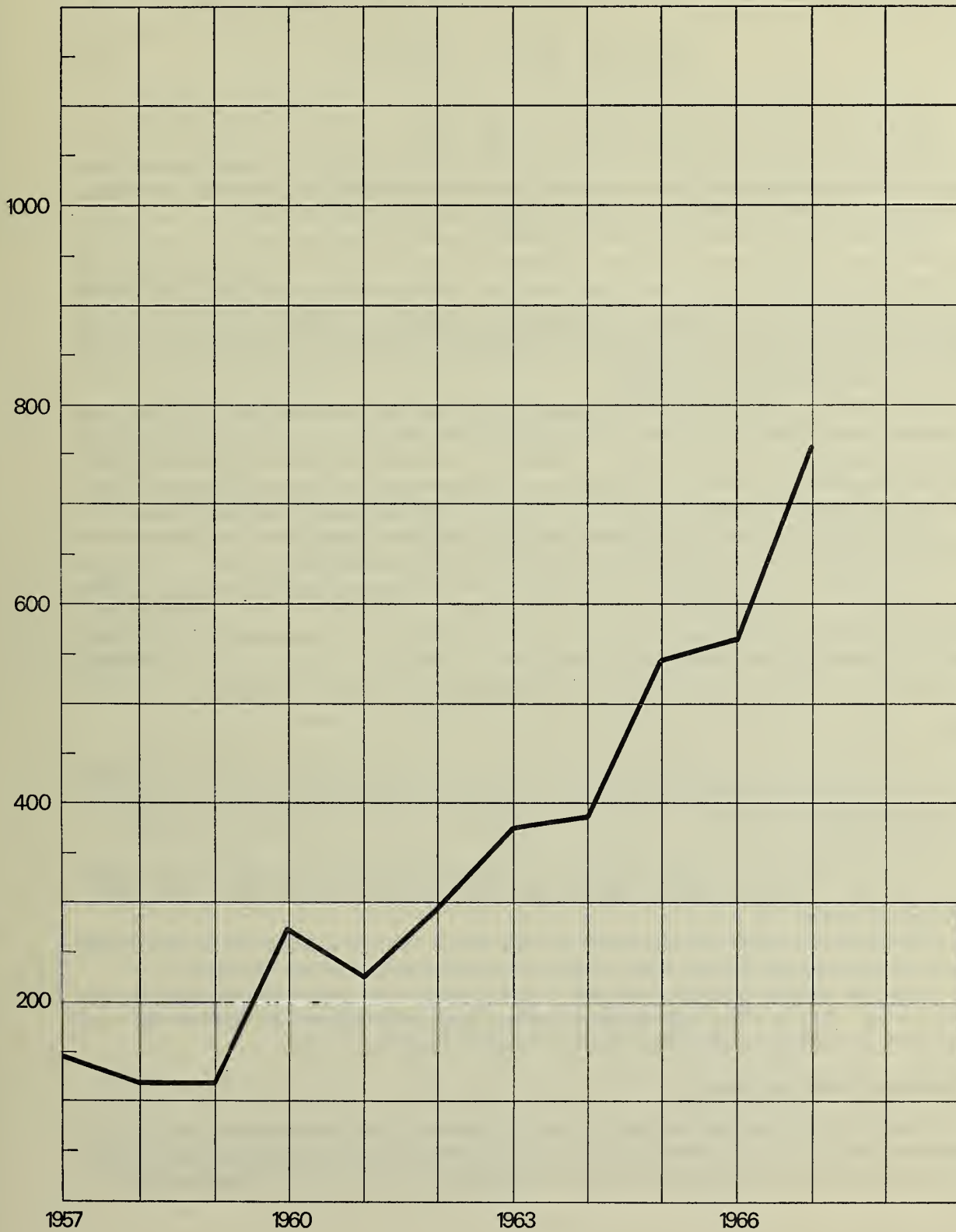
Foot health, both from the point of view of foot care and the wearing of correct socks and shoes, is normally taught together with other personal hygiene matters but occasionally a request is received from a school which, for various reasons, wishes to highlight the bad results to feet that can arise from improperly fitting footwear.

In the majority of cases children are obviously dependent upon their parents as to the socks, boots and shoes that they wear and one cannot feel altogether satisfied that parents in many cases act wisely in this direction. In fact, one suspects that often they give in to the demands for fashionable shoes, even though it may be against their better judgment, for the sake of peace and quiet. The opportunity to talk on this important subject with parents groups is always gladly taken. Other observations on foot health in schools have already been made by the County Chiropodist.

In October the schools meals service held its one-day conference at the Brudenell County Secondary School for Girls, Amersham, and, as on previous occasions, the health education section took great pleasure in setting up an appropriate exhibition and in showing films and running a competition.

The following graph indicates the steady growth of health education in schools as undertaken by the department over the past ten years but there is little doubt that the potential is still a long way from being fully developed.

Health education in schools
number of sessions undertaken by Department of Health and Welfare



SCHOOL DENTAL SERVICE

Report by C. H. Griffiths, Principal School Dental Officer.

The urban areas of the county are reasonably well covered by the general dental service and the school service, and school children can receive the treatment they require without having to travel long distances and without the need to be away from school for unreasonable periods.

With this in mind, efforts have been made in recent years to strengthen the service provided for children in the rural areas and to cut to a minimum the loss of school time. During the year a new purpose-built mobile dental unit was brought into use, replacing an old caravan which had become obsolete. This new unit, designed to meet the particular needs of the service, incorporates the most up-to-date dental equipment including X-ray facilities and waiting room accommodation. The unit has proved to be very satisfactory and will, along with the other two purpose-built mobile units, be used to provide treatment at rural schools.

In an effort to bring the service to the patient, the practice was continued whereby a mobile unit was based at a suitable school and the unit's catchment area extended by providing a mini-bus service to bring in children from outlying schools. This service is particularly appreciated by parents of school children who, in the past, had to travel long distances to obtain treatment. Often the problem of getting to the distant dental clinic proved too great for parent and child and treatment was not sought.

With the additional facilities in the rural areas it was possible to provide more than 700 treatment sessions and, in all, some 40 rural schools were visited by the three mobile units.

A new purpose-built dental unit, comprising surgery, recovery and waiting rooms, and office accommodation, was brought into use at the Quarrendon Guild Welfare Centre, Aylesbury, and provided a service for children and expectant and nursing mothers in that comparatively new housing area of the town. In addition, new dental equipment was installed in a number of clinics, whilst the waiting room and office accommodation were improved in the central clinic in Slough.

Staff

Mr. C. Howard left the county in April to take up an appointment as Principal School Dental Officer for the Borough of Hammersmith. He had held the post of dental officer at the Langley clinic for nearly six years and he will be sadly missed by his patients there, where he built up the service to a very high standard.

Mr. G. A. Scivier, who was dental officer in the Chesham and High Wycombe areas for nearly five years, also left in April to take the appointment of Principal School Dental Officer for the County Borough of Ipswich.

The departure of these two experienced and able officers was a great loss to the county's dental service but they left with the best wishes of their colleagues for success in their new posts.

It was not possible to recruit a full staff of dental surgeons but, with additional help given by part-time and sessional officers, it was possible to carry out inspections and treatment sessions apparently equal in number to the corresponding statistics for the previous year.

Conferences, courses and visitors

A one-day course was held for dental officers at Missenden Abbey when lectures were given by members of the staff of the Department of Children's Dentistry of the Royal Dental Hospital, London, and the Training School for Dental Auxiliaries. Films were also shown and demonstrations given.

Three dental officers attended courses in children's dentistry at the Eastman Institute; others attended courses on international children's dentistry and on administration in the local authority service. I attended the annual conference of the British Dental Association along with one other dental officer and I had the privilege of attending the Congress of the International Dental Federation in Paris.

Attendance at these courses was found to be of great value to the staff and their interest in the latest developments in the art and science of dentistry was stimulated.

Visits were paid to the county by dental surgeons from other countries, whilst Mr. J. Beuchars, Chief Dental Officer of Tilburg in the Netherlands, spent some time in the county. World Health Organisation Fellows from the Middle East and other countries showed particular interest in the mobile dental clinics, in the work undertaken by the dental auxiliary and in the dental health education scheme.

Dental health education

The programme of dental health education continued to develop and the dental auxiliary and dental hygienist carried on this very important work in the High Wycombe, Amersham and Slough areas, giving talks, demonstrations and film shows to over 15,000 children in 120 schools.

In addition, members of the health education team gave valuable assistance in this important part of the educational work, visiting many schools in other areas of the county and speaking to some 7,000 children.

Talks were given by dental officers to mothers' clubs and other groups, and speakers on the subject of dental health were provided for various organisations including the Red Cross Society.

It is difficult, if not impossible, to assess accurately the clinical value of the dental health education programme but the increasing awareness amongst children of the importance of a healthy mouth is surely evidence of some degree of success.

Statistics

It is with pleasure that I report it was possible to inspect and treat more children in 1967 than in any previous year. The number of attendances for treatment was also greater than ever before.

It was possible to inspect about 65% of the entire school population; this is not as high as I would like to see but is, nevertheless, a worthwhile achievement having regard to staffing difficulties. It is, in fact, about 8% higher than the national average.

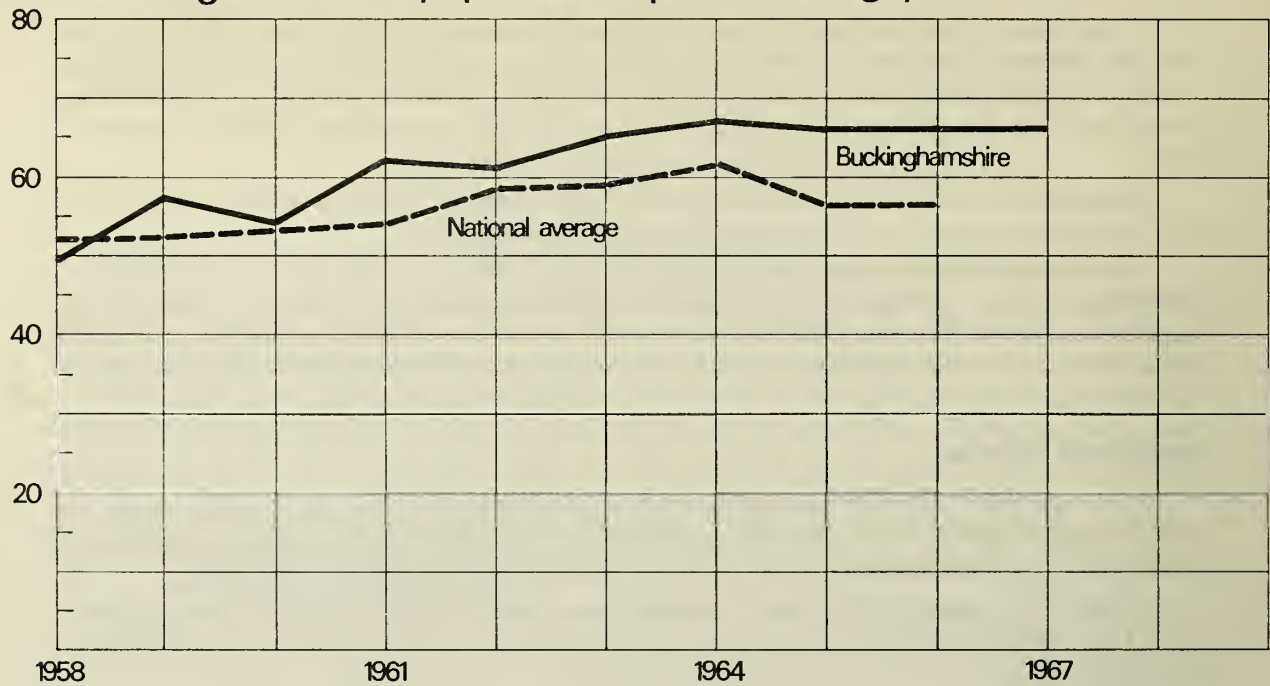
The number of fillings in permanent teeth and of permanent teeth filled, which are significant figures, was higher in 1967 than previously, as was the number of courses of treatment given. This latter figure was some 800 more than the corresponding figure for 1966.

The number of emergency treatments which had to be given in the year was less than that for the previous year and there was a decrease in the number of children for whom dentures had to be provided.

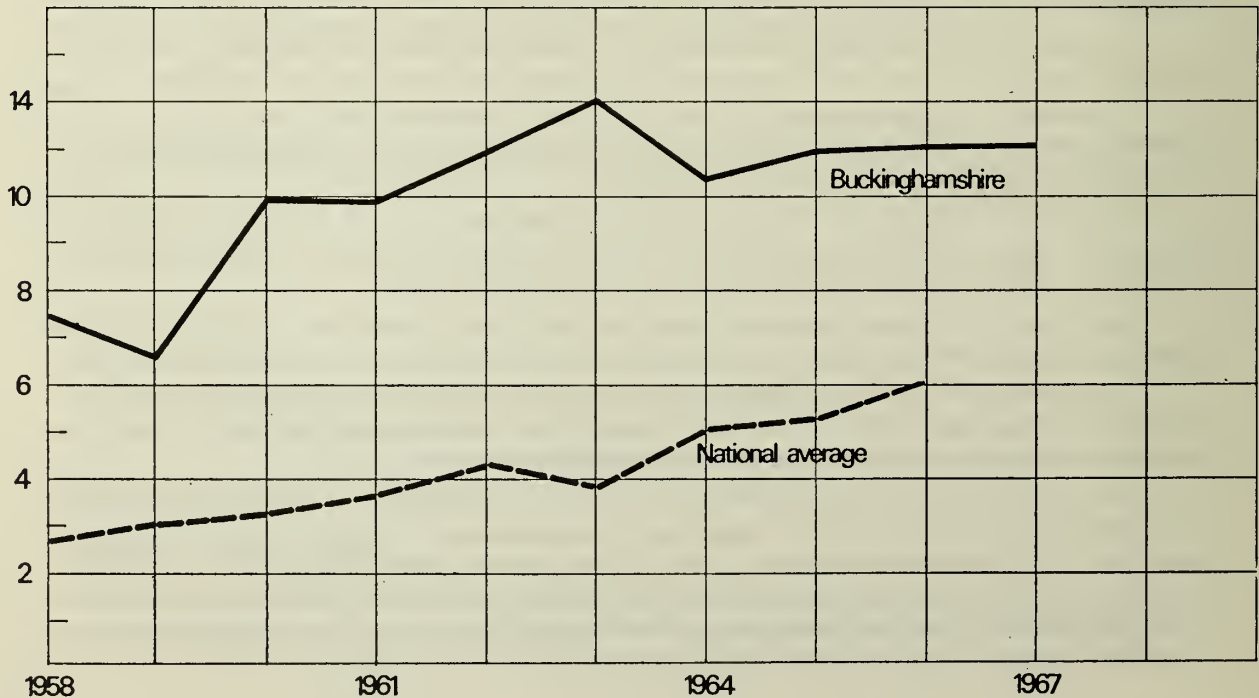
The proportion of permanent teeth filled to permanent teeth extracted remained high at 11:1, a ratio which was much above the national average. This particular ratio indicates the pattern of treatment, which is one of conservation rather than extraction of teeth.

The graphs which follow may be of interest since they trace the pattern of treatment in two significant figures over the past ten years. Graph I shows the percentage of the school population inspected each year. It will be seen that about 10% more children have been inspected during the last few years than the national average. Graph 2 illustrates the ratio of permanent teeth filled to one permanent tooth extracted over a ten year period compared with the national average. The county figure has been consistently about double the corresponding national one.

Percentage of school population inspected during year



Ratio of number of permanent teeth filled to one permanent tooth extracted



Clinical trials of a toothpaste

The survey, which took the form of a clinical trial of the efficacy of a toothpaste containing stannous fluoride in reducing the incidence of dental caries and to which reference was made in previous reports, was concluded in 1967.

Professor P. M. C. James, who was at the time a senior member of the staff of the Children's Department of the Royal Dental Hospital, London, reported on his findings together with other reports of similar trials elsewhere in the country. The report, which appeared in the *British Dental Journal* on 4th July, 1967, is summarised below.

High Wycombe and Amersham areas were chosen for this clinical trial and pupils of 11 schools, 5 of which were grammar or high schools and the remainder county secondary schools, were selected. About 500 boys and a similar number of girls of eleven and twelve years of age accepted the invitation to take part in this study.

Clinical and radiological examinations were made before the toothpaste and toothbrushes were issued at regular intervals to the children and their families throughout the trial and the correct methods of cleaning the teeth were demonstrated by the county health education staff. One of the mixed groups of boys and girls was supplied with a fluoride toothpaste and the other group with a control toothpaste, i.e. one without the fluoride. They were all inspected yearly and their general dental condition was recorded and a caries estimation was made over a three year period. This necessitated careful charting and examination of all teeth in the mouth, both clinically and by radiological means.

Professor James in the summary of his conclusion says "Children using the stannous fluoride dentifrice demonstrated a consistently lower dental caries increment over the period than the control children." In a personal communication, Professor James added that "Though the reduction in caries increment seen in those using a fluoride toothpaste was significant, it should not be thought to be anything like as great as could be achieved by the fluoridation of the drinking water."

Professor James expressed his thanks to the County Health and Education Committees and to the dental staff for their continued assistance in the conduct of this survey.

It is felt that the co-operation of the county's dental staff with the members of the teaching and research departments of the university dental schools, in epidemiological studies such as this, is of great interest and should be encouraged. It is hoped that future studies of a similar nature will be possible and plans are being made for a survey to be done in another area of the county during the coming year.

Orthodontics

Miss A. Blandford, the County Orthodontist, submitted the following report on her work during the year under review:—

The number of children referred by the school dental officers for orthodontic treatment during the year totalled 382. In addition, 1,462 whose treatment commenced prior to 1967 continued to receive treatment during the year. For many patients whose irregularity is solely due to overcrowded teeth the selection of certain teeth for extraction at the optimum age is the only treatment necessary to give the desired results. For others, however, particularly where the malocclusion is due to a difference in size between upper and lower jaws, it is necessary for appliances to be worn. The number of these removable appliances fitted during the year totalled 331, of which 152 were fitted for new patients.

Cases completed numbered 243 and a further 134 children discontinued their treatment, the majority of these moving from the county and continuing their treatment elsewhere.

The dental department of Stoke Mandeville and Wexham Park Hospitals accepted a further 76 patients from the school service, some for surgical treatment, but the majority for orthodontic purposes their treatment being carried out jointly between the school clinic and the hospital. Several of these patients availed themselves of the facilities of the radiography department of the Royal Dental Hospital in London.

It is now ten years since the inception of the county's orthodontic service and over this period it is evident that there is an increasing number of parents and children becoming more dentally conscious and themselves requesting orthodontic treatment, particularly from the point of view of improving the child's appearance. Over this ten year period, about 2,000 children have had their orthodontic treatment completed for them by the school dental service.

Dental inspections and treatment

Attendances and treatment.

	5-9 years	10-14 years	15 years & over	Total
First visit	5,888	4,959	979	11,826
Subsequent visits	7,126	7,940	1,735	16,801
Total visits	13,014	12,899	2,714	28,627
Additional courses of treatment commenced	639	921	165	1,725
Fillings in permanent teeth	5,894	11,607	3,064	20,565
Filling in deciduous teeth	8,544	698	—	9,242
Permanent teeth filled	4,288	10,322	2,725	17,335
Deciduous teeth filled	7,455	596	—	8,051
Permanent teeth extracted	181	1,131	268	1,580
Deciduous teeth extracted	4,109	1,147	—	5,256
General anaesthetics	1,025	458	39	1,522
Emergencies	359	198	40	597

Other work

Number of pupils X-rayed	944
Prophylaxis	3,375
Teeth otherwise conserved	2,103
Number of teeth root filled	56
Inlays	10
Crowns	49
Courses of treatment completed	11,545

Orthodontics

Number of attendances made by pupils for orthodontic treatment	3,088
Half-days devoted to orthodontic treatment	363
Cases commenced during the year	419
Cases brought forward from the previous year	1,499
Cases completed during the year	268
Cases discontinued during the year	136
Number of pupils treated by means of appliances	189
Number of removable appliances fitted	383
Cases referred to and treated by hospital orthodontists (these figures include all orthodontic treatment carried out by the orthodontist and dental officers)	74

Prosthetics

	5-9 years	10-14 years	15 years & over	Total
Pupils supplied with full upper or full lower (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	2	23	12	37
Number of dentures supplied	2	24	15	41

Anaesthetics

All general anaesthetics were administered by consultant anaesthetists.

Inspections

First inspection at school—number of pupils	54,795	
First inspection at clinic—number of pupils	4,652	
		59,447
Number found to require treatment		27,469
Number offered treatment		21,138
Pupils re-inspected at school or clinic		1,159
Number found to require treatment		818

Sessions

Devoted to treatment	5,002
Devoted to inspection	560
Devoted to dental health education	160

The dental condition of the children in the county is good and especially so in the case of those who, having lived in the Slough area for most of their lives, have had the benefits of the ingestion of a water supply with an almost ideal natural fluoride content. Many observers have commented on the good appearance and comparative freedom from caries of children in that area. It is hoped that all children will receive the benefit of this protective measure when the value of water fluoridation is universally accepted.

I should like to thank the Chief Education Officer and his staff for their continued co-operation during the year and, in particular, for their help in extending the programme of dental health education in the schools; the consultant anaesthetists for their advice and expert help given at many of the dental clinics; and the staff of the health and welfare department for their support throughout the year.

NUTRITION

(a) SCHOOL MEALS

The following report was submitted by the County School Meals Organiser:—

Census for Autumn Term, 1967

(i) <i>Meals for a day in</i>			<i>September, 1967</i>	<i>September, 1966</i>
Number of day pupils present	..	..	83,708	79,889
Number taking school dinners	..	..	64,480	60,661
		i.e.	77.03 %	i.e. 75.93 %
Number of dinners provided free	..	..	1,881	1,573
		i.e.	3 %	i.e. 2.66 %
(ii) <i>Milk</i>				
a. <i>Maintained schools</i>			<i>September, 1967</i>	<i>September, 1966</i>
Number of pupils present	..	..	84,003	80,205
Number drinking milk in school	..	..	62,645	59,381
		i.e.	74.57 %	i.e. 74.03 %
b. <i>Independent schools</i>				
Number of pupils present	..	..	9,891	9,675
Number drinking milk in school	..	..	8,410	8,609
		i.e.	84.82 %	i.e. 87.32 %

The number of pupils taking meals again shows an increase over the previous year and the percentage of diners (77%) is the highest achieved. The percentage taking milk has decreased, especially in the senior schools.

Since January, 1967, 22 new kitchens have been opened. This includes five kitchens replacing those in old buildings. In addition, two kitchens have been considerably extended. There were, up to 31st December, 1967, 268 cooking kitchens producing school dinners.

Stainless steel sink units continue to replace glazed sinks and wooden draining boards in many kitchens. More electric mixing and slicing machines have been installed in the smaller kitchens, so that food is touched by hand considerably less than previously.

The usual termly meetings of kitchen staff have been held, including a one-day conference for over 400 people at Brudenell County Secondary School in October last. Thirteen staff have taken and passed City and Guilds course 147, in the past year and another 12 have passed City and Guilds course, 151, thus strengthening the normal efforts to see that food is prepared, cooked and served as hygienically as possible.

(b) MILK IN SCHOOLS

Mr. G. L. Davis, the Chief Inspector, reporting on the milk in schools scheme, states:—

“Supervision of milk supplies to schools under the milk in schools scheme continued as in previous years. All samples were tested for quality, cleanliness, adequate heat treatment and infection where appropriate. Sources of supply are approved by the Principal School Medical Officer.

178 samples of pasteurised milk were checked and all were satisfactory as were 179 samples tested for quality. Only one school received untreated milk; this supply was free from tubercle and brucella infection.

As in other years, 1967 brought a series of complaints of unsatisfactory milk supplies. Each was investigated carefully and, where the fault lay with the dairyman, a caution was given. Broken glass, a bent paper clip, metal foil caps, debris and earth, and tea and coffee residues were found in school milk bottles and the supplier of the milk which contained broken glass was prosecuted.

A complaint of "cheesy taste" was due to old milk delivered by mistake during a period of very severe weather, and a taste of "disinfectant" in milk at another school was not confirmed. Considerable amounts of disinfectant were being used on farms at the time, as precautions against foot and mouth disease, but there were no complaints from 35 other schools taking the same supply."

PHYSICAL EDUCATION

Miss J. K. Clark and Mr. C. Franks, Organisers of Physical Education, submitted the following report:—

“*Swimming.* An extensive programme of instruction to schools is carried out during the summer term in particular and during the winter months in the few cases where covered and heated pools are available. One such additional covered pool at Aylesbury Grammar School has been brought into use during the year and this is used daily by girls from the High School as well as by the boys from the Grammar School and is, of course, proving to be a great asset. There is a great need in the county for more swimming pools to be covered, whether they are school pools or publicly-owned pools. It is to be hoped that more funds can be made available in the future for this purpose, in order that an all-the-year-round swimming programme can be offered to many more pupils.

The number of pupils who learn to swim at school continues to increase and, during the year, 60% of the ten to eleven year age group learned to swim before leaving primary school. Where facilities allow boys and girls are given the opportunity of taking the Water Safety Awards and the examinations of the Royal Life Saving Society as well as the tests for the County Swimming Certificates and those of the Swimming Teachers' Association.

The 10th Annual Gala of the Buckinghamshire Schools' Swimming Association was held at Amersham Swimming Pool on 30th June and some swimmers and divers were selected to represent the division at the National Schools' Swimming Championships which were held in Leeds on 27th and 28th October. The performance of the Buckinghamshire pupils at the National Championships were the best that they have yet recorded.”

Courses

During the year the following refresher courses for teachers were held:—

Association football	Bletchley
Athletics	Bletchley
Basketball	High Wycombe
Canoeing	Bisham Abbey, Nr. Marlow
Movement education (primary)	Aylesbury
Netball	Aylesbury and High Wycombe
Swimming	Amersham

Crystal Palace National Recreation Centre

The following attended one week residential courses at the centre where they spent most of the time taking part in games and other physical activities:—

45 boys and 3 teachers from 3 grammar schools in July

202 girls, 245 boys and 30 teachers from 22 secondary modern schools in October and November.

Camping

During the summer term, the tented camp near Wolverton, where school children stay from Monday to Friday, was used by 412 children and 26 teachers from nine primary schools and at week-ends by 145 youth club members and 33 leaders.

Duke of Edinburgh's Award

The following details have been supplied by Mr. Peter Thomas, County Award Officer:—

“ Organisations taking part

Secondary schools—mixed	..	..	..	..	18
Secondary schools—boys	..	..	..	..	2
Secondary schools—girls	..	..	..	..	6
L.E.A. clubs and centres	..	..	..	..	10
Other further education establishments	..	..	..	..	2
Commercial or industrial firms	..	..	..	..	2
Other groups	..	..	..	..	2

New entrants

Bronze—boys	..	..	..	..	..	165
Bronze—girls	..	..	..	..	..	216
Silver direct entry—boys	..	..	..	..	..	19
Silver direct entry—girls	..	..	..	..	..	32
Gold direct entry—boys	..	..	..	..	..	2
Gold direct entry—girls	..	..	..	..	..	2

Total participants

Bronze—boys	..	..	..	..	..	177
Bronze—girls	..	..	..	..	..	225
Silver—boys	..	..	..	..	..	60
Silver—girls	..	..	..	..	..	97
Gold—boys	..	..	..	..	..	22
Gold—girls	..	..	..	..	..	49

Awards

Bronze—boys	..	..	..	..	..	68
Bronze—girls	..	..	..	..	..	86
Silver—boys	..	..	..	..	..	23
Silver—girls	..	..	..	..	..	31
Gold—boys	..	..	..	..	..	5

School Sports Associations

During the year two new associations were formed, the Bucks Schools Hockey Association (for boy's hockey), and the Bucks Schools Table Tennis Association. Most sports and games now have their county associations which give pupils the opportunity of taking part in competitions at county level. Teachers continue to give up a great deal of their free time in organising such competitions.”

SCHOOL HYGIENE AND SANITATION

The following schools have had improvements to washing and sanitary accommodation carried out:—

Aylesbury Division

Dagnall, C.P.	Hot water supply to basins in staff toilet.
Halton, C.P.	Lighting and frost precautions in outside toilets.
Wing C.P.	Frost precautions in toilets
Queens Park C.J. & Infants	Frost precautions in toilets.
Southcourt C.I.	Provision of new toilet blocks for junior and infants schools.
Brill C.E.P.	Installation of staff toilet and lavatory basin.
Cheddington C.P.	Provision of sink on landing.
Haddenham C.P.	Provision of new toilet block.
Ickford C.P.	Provision of new urinal.
Waddesdon C.P.	Provision of new toilet block.
	Provision of new toilets for boys and staff.

Amersham and Chesham Division

Dr. Challoner's Grammar	Alterations and extensions to toilet accommodation in old school buildings.
Holmer Green C.P.	Installation of sanitary incinerator.
Little Chalfont C.P.	Installation of sanitary incinerator.

Wycombe Division

Foxes Piece C.I.	Provision of mobile lavatory unit.
Butlers Court C.P.	Provision of new lavatory accommodation.
Lane End C.E.P.	Connection to sewer.

Eton Division

Churchmead C.Sec.	Improvements to girls toilets.
St. Joseph's R.C.P.	Installation of sanitary incinerator.

Slough Division

Wm. Penn C.J.	Provision of new sanitary accommodation.
Slough Grammar	Roof extract fans in sanitary offices.

THE FOOD HYGIENE (GENERAL) REGULATIONS, 1960 and 1962

The following schools had improvements to canteens carried out:—

Aylesbury Division

Quarrendon C. Sec.	Installation of stainless steel sink units.
Chearsley C.P.	Electric water heating.

Amersham and Chesham Division

Newland Park College of Education	Installation of stainless steel sink units.
Chalfont St. Giles C.I.	White glazed tiling and improvements to sinks and drainers.
Little Chalfont C.P.	Improvements to internal drainage. Renewal of sink units in stainless steel.
Chesham Central Kitchen	New bases and areas for cooking equipment. Glazed tiling. Improvements to drainage and to water tank supplies.
Chesham Technical School	Glazed wall tiling and improvements to units.
Thomas Harding C.J.	Improvements to floor and sills.
Seer Green C.E.P.	Improvements to water tanks.
Chenies C.P.	Improvements to water supplies.
Dr. Challoner's Grammar	Renew sink units in stainless steel.
St. George's C.E.P.	Renew sink units in stainless steel.
Henry Allen Nursery School	Renew sink units in stainless steel.
Misbourne C. Sec.	Renew sink units in stainless steel.
Chalfont St. Peter C.I.	Renew sink units in stainless steel.
Chalfont St. Peter C.E.J.	Renew sink units in stainless steel.
	White glazed wall tiling. Improvements to floors and internal drainage.

Wycombe Division

High Wycombe Royal Grammar	Improvements to kitchen.
Beaconsfield C.E.	Provision of new kitchen.

Eton Division

Denham C.P.	Installation of sink unit and draining boards. Heaters in dining room.
Farnham Common C.P.	Installation of sink unit and draining boards.

Slough Division

Our Lady of Peace R.C.P.	Installation of stainless steel sink units. Improvements to potato machine area.
--------------------------	---

MEDICAL INSPECTION AND TREATMENT

TABLE I
PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at part II	Total Individual pupils
		No	No			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later	618	618	—	5	30	35
1962	4,043	4,038	5	50	305	312
1961	3,543	3,539	4	48	329	332
1960	508	506	2	17	67	79
1959	214	214	—	3	28	30
1958	172	172	—	5	16	20
1957	3,441	3,440	1	147	156	290
1956	3,193	3,193	—	132	164	273
1955	610	610	—	21	39	56
1954	231	231	—	11	19	28
1953	1,826	1,824	2	93	83	169
1952 & earlier	6,079	6,078	1	319	184	481
TOTAL	24,478	24,463	15	851	1,420	2,105

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	..	..	..	1,671
Number of Re-inspections	..	..	..	4,392
TOTAL	..	..	..	6,063

TABLE III
INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	..	89,821
Total number of individual pupils found to be infested	..	..	..	..	..	..	289

TABLE IV
EYE DISEASES, DEFECTIVE VISION AND SQUINT

External and other, excluding errors of refraction and squint	..	..	549
Errors of refraction (including squint)	..	..	2,096
TOTAL	..	..	2,645
Number of pupils for whom spectacles were prescribed	..	..	1,224

Received operative treatment—							
(a)	for diseases of the ear	..	..	..	..	..	93
(b)	for adenoids and chronic tonsilitis	..	..	..	..	..	1,455
(c)	for other nose and throat conditions	..	..	..	..	..	193
Received other forms of treatment		..	..	..	..	..	179
						TOTAL	..
							1,920
Total number of pupils in schools who are known to have been provided with hearing aids—							
(a)	during 1967	..	..	..	..	..	41
(b)	in previous years	..	..	..	..	..	105

(a)	Pupils treated at clinics or out-patients departments	..	..	134
(b)	Pupils treated at school for postural defects	..	..	460
	TOTAL	..		<u>594</u>

Ringworm—(a) Scalp	2
(b) Body	3
Scabies	4
Impetigo	17
Other skin diseases	19
TOTAL ..	45

Pupils treated at Child Guidance clinics	..	..	..	..	..	976
--	----	----	----	----	----	-----

Pupils treated by speech therapists	..	..	..	..	..	..	1,111
-------------------------------------	----	----	----	----	----	----	-------

(a)	Pupils with minor ailments	..	..	..	..	..	..	4,223
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	..	3
(c)	Pupils who received B.C.G. vaccination	..	..	..	..	..	..	5,056
(d)	Other than (a), (b) and (c) above.							
	Verrucae	..	..	..	..	..	..	1
	Sundry Foot Ailments	..	..	..	..	..	..	85
	Enuresis	..	..	..	..	..	..	—
	TOTAL	..	..					9,368

TABLE XI

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR**

(1966 figures in parentheses)

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	36 (36)	65 (101)	41 (42)	142 (179)	28 (20)
		O	57 (32)	18 (25)	24 (18)	99 (75)	59 (36)
5	Eyes—a. Vision .. .	T	107 (124)	379 (410)	351 (481)	837 (1,015)	217 (243)
		O	228 (225)	149 (161)	181 (191)	558 (577)	206 (174)
	b. Squint .. .	T	62 (84)	6 (12)	20 (32)	88 (128)	33 (34)
		O	59 (57)	— (3)	5 (8)	64 (68)	46 (35)
	c. Other .. .	T	4 (10)	6 (4)	4 (7)	14 (21)	2 (13)
		O	3 (5)	2 (3)	2 (6)	7 (14)	9 (6)
6	Ears—a. Hearing .. .	T	91 (100)	37 (40)	43 (59)	171 (199)	171 (113)
		O	305 (288)	51 (45)	166 (127)	522 (460)	515 (290)
	b. Otitis Media.. .	T	23 (20)	4 (12)	6 (6)	33 (38)	8 (12)
		O	51 (49)	3 (5)	8 (10)	62 (64)	48 (29)
	c. Other .. .	T	6 (2)	4 (8)	3 (4)	13 (14)	13 (4)
		O	4 (10)	6 (2)	3 (6)	13 (18)	13 (6)
7	Nose and Throat .. .	T	84 (100)	30 (25)	41 (51)	155 (176)	72 (66)
		O	317 (250)	8 (12)	57 (61)	382 (323)	202 (126)
8	Speech .. .	T	126 (140)	1 (9)	28 (29)	155 (178)	148 (96)
		O	116 (99)	3 (4)	15 (18)	134 (121)	156 (98)
9	Lymphatic Glands .. .	T	5 (13)	— (1)	2 (2)	7 (16)	2 (6)
		O	30 (39)	4 (—)	2 (8)	36 (47)	23 (14)
10	Heart .. .	T	14 (15)	9 (8)	9 (6)	32 (29)	13 (7)
		O	57 (72)	17 (16)	25 (20)	99 (108)	89 (64)
11	Lungs .. .	T	25 (36)	20 (13)	30 (25)	75 (74)	34 (17)
		O	88 (97)	15 (27)	49 (51)	152 (175)	131 (115)
12	Developmental—a. Hernia .. .	T	12 (12)	1 (2)	6 (6)	19 (20)	4 (5)
		O	18 (18)	1 (3)	3 (9)	22 (30)	14 (12)
	b. Other .. .	T	30 (17)	22 (25)	57 (60)	109 (102)	30 (21)
		O	84 (111)	5 (6)	45 (48)	134 (165)	74 (83)
13	Orthopaedic—a. Posture .. .	T	13 (12)	9 (18)	13 (19)	35 (49)	42 (13)
		O	28 (23)	4 (12)	16 (20)	48 (55)	37 (9)
	b. Feet .. .	T	82 (83)	27 (26)	45 (58)	154 (167)	99 (45)
		O	65 (110)	15 (25)	26 (22)	106 (157)	135 (80)
	c. Other .. .	T	19 (52)	18 (32)	24 (20)	61 (104)	29 (24)
		O	59 (54)	17 (23)	17 (29)	93 (106)	47 (43)
14	Nervous System—a. Epilepsy .. .	T	6 (6)	4 (4)	4 (8)	14 (18)	7 (15)
		O	13 (19)	7 (6)	12 (9)	32 (34)	67 (20)
	b. Other .. .	T	8 (14)	4 (7)	10 (10)	22 (31)	19 (13)
		O	42 (49)	6 (6)	9 (10)	57 (65)	53 (25)
15	Psychological—a. Development .. .	T	20 (28)	2 (10)	30 (29)	52 (67)	101 (86)
		O	122 (155)	13 (8)	79 (48)	214 (211)	363 (191)
	b. Stability .. .	T	16 (15)	7 (12)	16 (21)	39 (48)	75 (44)
		O	139 (74)	19 (12)	93 (50)	251 (136)	259 (149)
16	Abdomen .. .	T	5 (5)	1 (29)	6 (10)	12 (44)	3 (10)
		O	13 (17)	7 (11)	9 (7)	29 (35)	15 (15)
17	Other .. .	T	15 (23)	31 (39)	13 (38)	59 (100)	40 (30)
		O	92 (99)	45 (50)	76 (79)	213 (228)	178 (137)

(T)=The number of pupils found to require treatment. (O)=The number of pupils found to require observation.

TABLE XII

**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944
OR BOARDING IN BOARDING HOMES**

During calendar year ended 31st December, 1966	Blind (1)	Parti- ally Sighted (2)	Deaf (3)	Parti- ally Hearing (4)	Physic- ally Handi- capped (5)	Delicate (6)	Malad- justed (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
A. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	1	—	2	2	11	8	23	168	2	1	218
B. (i) No. of children included at A newly placed in special schools (other than hospital special schools) or boarding homes	1	—	2	1	5	3	3	49	1	—	65
B. (ii) No. of children assessed prior to 1st January, 1967, newly placed in special schools (other than hospital special schools) or boarding homes	—	1	1	2	9	4	3	103	1	—	124
TOTAL (B(i) and B(ii)) ..	1	1	3	3	14	7	6	142	2	—	189
C. (i) No. of handicapped pupils requiring places in special schools—											
(a) day	—	—	—	—	1	—	—	207	—	—	208
(b) boarding	—	—	1	1	8	8	8	46	1	1	74
C. (ii) included at (i) who had not reached the age of 5 and were awaiting—											
(a) day places	—	—	—	—	—	—	—	1	—	—	1
(b) boarding places	—	—	1	—	—	—	—	—	—	—	1
C. (iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:—											
(a) day places	—	—	—	—	—	—	—	25	—	—	25
(b) boarding places	—	—	—	—	—	3	1	13	1	—	18
D. (i) on the registers of—											
(1) maintained special schools as—											
(a) day pupils	—	3	2	—	4	1	—	585	—	—	595
(b) boarding pupils	1	1	9	9	12	13	7	165	—	—	217
(2) non-maintained special schools as—											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	12	4	6	5	21	18	13	53	12	—	144
(3) on the registers of independent schools under arrangements made by the Authority	1	1	3	12	10	3	80	46	—	—	156
D. (ii) boarded in homes and not already included under (i) above	—	—	—	—	—	2	7	1	—	—	10
TOTAL (D)	14	9	20	26	47	37	107	850	12	—	1122
Number of children awaiting places or who are receiving special education in special schools or who are boarded in homes.											
TOTAL of C(i) a and b, and D	14	9	21	27	56	45	115	1103	13	1	1404
E. Being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	42	—	—	—	—	—	42
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	2	—	25	18	—	34	—	—	—	79
(iii) at home	—	2	1	1	20	6	4	7	3	—	44

TABLE XIII
SCHOOL CLINICS
as at December, 1967

Child Guidance :

Sessions

Walton House, Walton Street, Aylesbury	..	..	..	..	..	4 sessions per week
88 Roberts Road, High Wycombe	..	..	..	..	..	9 " " "
The Health Centre, Burlington Road, Slough	..	..	..	..	..	7 " " "
Whalley Drive, Bletchley	..	..	..	..	..	4 " " "
The School Clinic, Germain Street, Chesham	..	..	..	..	..	4 " " "

Dental :

Quarrendon	8	sessions	per week
Pebble Lane, Aylesbury	10	"	" "
Whalley Drive, Bletchley	12	"	" "
Flat 1, Verney Close, Buckingham	2	"	" "
The School Clinic, Germain Street, Chesham	8	"	" "
51 Priory Road, High Wycombe	24	"	" "
The Health Centre, Victoria Road, Marlow	5	"	" "
The Health Centre, Burlington Road, Slough ..	17	"	" "
Wexham Court, Knolton Way, Slough	1	"	" "
The School Clinic, 122 Church Street, Wolverton	2	"	" "
Ambulance Centre, Chiltern Avenue, Amersham	6	"	" "
Health Centre, Parlaunt Park, Langley, Slough	6	"	" "
1 Wentworth Avenue, Britwell Estate, Slough	5	"	" "

Ophthalmic :

51 Priory Road, High Wycombe	..	..	..	..	2 sessions per week
The Health Centre, Burlington Road, Slough	..	..	..	..	3 " " "

Orthoptic :

51 Priory Road, High Wycombe	..	..	..	..	..	..	4 sessions per week
------------------------------	----	----	----	----	----	----	---------------------

Speech Therapy :

Walton House, Walton Street, Aylesbury	..	.	..	..	..	4 sessions per week
The School Clinic, Germain Street, Chesham	..	..	..	..	..	2 " " "
The Health Centre, Oxford Road, Denham	..	..	..	..	..	1 " " "
The Health Centre, Burlington Road, Slough	..	..	..	..	..	4 " " "
Health Centre, Britwell Estate, Slough	..	..	..	..	..	1 " " "
Health Centre, Parlount Park, Langley, Slough	..	..	..	..	..	2 " " "
Health Centre, Victoria Road, Marlow	..	..	..	..	..	1 " " "
Health Centre, Wexham Court Estate	..	..	..	..	..	2 " " "
51 Priory Road, High Wycombe	..	..	..	..	..	4 " " "

Vaccination and Immunisation :

Municipal Health Centre, High Wycombe	..	..	..	..	..	2 sessions per week
---------------------------------------	----	----	----	----	----	---------------------

